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Originating Office: OR

PROGRAM OPERATIONS MANUAL SYSTEM
Part 02—General
Chapter 033—Disclosure/Confidentiality of Information
Subchapter 02—Access

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Background

This basic places general instructions on Access in the Program Operations Manual System (POMS). It is being issued as part of the effort to gather all disclosure/confidentiality of information material from

all operating manuals identified for POMS conversion into one central point. This material has been rearranged and consolidated and duplication has been eliminated.

Explanation of Manual Changes

Source of Material

This new POMS subchapter consolidates material from the Claims Manual, the Service Representative Handbook, the Foreign Operations Manual, the Disability Operating Manual, and the Miners Benefit Manual and includes specific instructions for Office of Disability Operations personnel. Included is a conver-

sion chart which lists the old references and their location within the new subchapter.

03302.010 H. Employer Retirement Income Security Act (ERISA)

This section expands the discussion on handling requests for earnings data covered by ERISA.

NEW POMS MATERIAL - DELAYED IMPLEMENTATION

CAUTION: The material contained in this transmittal is not effective until notification from Central Office. Delayed implementation is necessary to ensure that this new POMS transmittal and transmittals discarding material converted from the former manuals are in place before effectuation. A teletype will be utilized to effectuate these related transmittals.

DO NOT FILE OR IMPLEMENT THIS INSTRUCTION UNTIL FURTHER NOTICE

**U.S. Department of
Health and Human Services
Social Security Administration
Office of Operational Policy and Procedures
SSA Pub. No. 68-0203302
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Effective Date: Upon Notification

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POMS

PROGRAM OPERATIONS MANUAL SYSTEM

Part 02

General

Chapter 033

Disclosure/Confidentiality of Record

Subchapter 02

Access

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
1			37			73			109		
2			38			74			110		
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Check List of POMS Transmittals Received

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Chapter 033—Disclosure/Confidentiality of Information

Subchapter 02—Access

<i>Claims Manual (CM) Reference</i>	<i>POMS Reference</i>
7303.1	GN 03302.001
7303.2	GN 03302.005
7303.3	GN 03302.010
7304 D	GN 03302.010, GN 03304.010, GN 03304.045
7399, Exhibits 2-4	GN 03302.999 Exhibits 1-3
7399.6	GN 03302.999 Exhibit 10
7399.61	GN 03302.999 Exhibit 11
7399.62	GN 03302.999 Exhibit 12
9007	GN 03302.005, B.2.
 <i>Disability Operating Manual (DOM) Reference</i>	 <i>POMS Reference</i>
801	Deleted
 <i>Foreign Operations Manual (FOM) Reference</i>	 <i>POMS Reference</i>
130.1 (c)	Deleted
 <i>Coal Miner's Benefits Manual (MBM) Reference</i>	 <i>POMS Reference</i>
T.I. 13 E, F, G	Deleted
 <i>Service Representative Handbook (SRH) Reference</i>	 <i>POMS Reference</i>
2226.1	Deleted
2226.2	GN 03302.005 B.2.
2226.3	GN 03302.005 B.2.
2235 A	GN 03302.005 B.1.
2235 B	Deleted
2235 C	GN 03302.005
2245	GN 03302.005 B.2.

GN 03302.000 Access

	<i>Section</i>
General	03302.001
Procedures for Handling Requests for Access	03302.005
Special Access Situations	03302.010
Exhibits	03302.999

03302.000 Access

NOTE: *The audience for all sections in this subchapter is the same: CR, FR, OA, OS, RR, SR, TSC-SR, CA, CRTA, CATA, EE, EHS, IES, RECONR, RECOVR, DCE, DEC, IS, RECON*

03302.001 General

With certain exceptions, the Privacy Act (PA) requires a Federal agency to:

- Tell an individual who asks whether he is the subject of a record contained in one of the agency's systems of records;
- Permit the individual (or a third party as outlined in GN 03302.010) to inspect and copy the record;
- Permit the individual to bring another person with him when he inspects his records; and
- Present the record in an understandable format or with an explanation (e.g., provide a key for reading computerized reports).

Access to pending claims, medical records, or other sensitive materials in the DO/BO should be handled by a claims representative or supervisor.

The right of access extends only to records that are in a system of records and are retrieved by the name or some identifier unique to the individual. The requester is generally entitled to see only information in those records which pertains to him. This includes representative payee accountings concerning the individual's benefits.

NOTE: *Representative payees and authorized representatives (see GN 03301.010 C.) DO NOT have access rights to a beneficiary's records. Disclosures to these individuals must be made as disclosures for a routine use (see GN 03305.025), disclosures with consent (see GN 03304.), or disclosures under the Freedom of Information Act (FOIA) (see GN 03301.005 C.)*

See GN 03302.010 E. for access rights of SSN holders.

03302.005 Procedures for Handling Requests for Access

A. General

Individual requests for access are usually received by mail in the component maintaining the requested records or by personal contact in the DO/BO.

When access is permissible, the component responsible for the system should fill the request as quickly as possible (i.e., DO/BO, PSC). However, the Chicago Federal Archives Records Center (FARC) and Wilkes-Barre Data Operations Center, Folder Staging, Operations (FSO) should refer requests for access to SSI folders along with the folder to the appropriate DO/BO for handling. If it cannot identify the appropriate DO/BO, it will refer the folder and the request to the appropriate ARC, Programs.

When access to records will be delayed more than 30 days, the component should acknowledge in writing the receipt of the request, tell the requester when access will be granted, and explain why access has been delayed. Where access to medical records is involved, follow the instructions in GN 03302.010 C.

If extensive information is requested, the component maintaining the requested record will consider the relative costs of providing copies of the records as opposed to sending the actual records to the DO/BO for inspection. If copies are less expensive, they may be sent; however, no charge may be made to the individual for search or for the initial copy per request. See GN 03311.005.

In general, DO/BO's should discuss questionable access requests with the ARC, Programs for resolution. If it appears that access is not permissible, see if disclosure is required by the FOIA. See GN 03301.005 C. and GN 03306.001. For example, a program integrity file exempt from access under the PA may (in rare circumstances) be required to be disclosed under the FOIA, such as where disclosure of information in a file is necessary in order to provide a person due process.

B. Procedures for Access

1. GENERAL

Because it maintains so many systems of records, SSA has adopted a policy of not honoring blanket requests for access (i.e., requests for "all records" about the individual). The individual who requests access must either specify by name the system he is interested in or provide information to help SSA determine which systems he might be interested in (e.g., is the requester a wage earner, a self-employed individual, a beneficiary, etc.). The DO/BO should use the Systems Notice Extract (see GN 03302.999, Exhibits 10-12) for this purpose.

Individuals requesting access to records can make the request on an SSA-795 (Statement of Claimant or Other Person). The request should include the following information:

- To whom (responsible individual and title) the information is to be directed, and address.
- Full name (including maiden, where appropriate) of subject individual.
- Address, date of birth, social security number, parents names, record systems names, period to be searched, other information needed for access.

It must also include the Privacy Penalty Statement, "I certify that I am the person to whom the record pertains or that person's parent (if a minor) or legal guardian. I know that the knowing and willful request or acquisition of records under false pretenses is a criminal offense subject to a fine of up to \$5,000."

Requests by mail should basically contain the above information. The receiving office should forward a copy of the request(s) for processing by the component(s) maintaining the record(s). The forwarding component should also notify the requester of the referral.

See EM 456 and EM 456.1 for how to provide copies of the SS-5's.

2. USE OF FORM SSA-2458

Because of changes in the Social Security Act raising monthly benefits, a beneficiary's certificate of award may sometimes not show the current benefit payable. The beneficiary may request a statement of such benefits payable. Use Form SSA-2458 (GN 03302.999, Exhibit 2) to answer such requests.

3. IDENTIFICATION

An individual who requests access to his record must be able to identify himself so that SSA can be sure that it is giving access to the person to whom the record pertains. The HHS Privacy Regulation applies various means of identification to various types of requests for access. These are outlined below.

NOTE: *In all cases where access is requested to more sensitive records, such as medical records, detailed evidence of identity will be required.*

a. Request Made in Person

If the requester is not known to SSA personnel, ask for at least one piece of identification, such as the requester's passport, driver's license, credit card, etc. A social security card alone is usually not sufficient identification. If the requester has no identification paper he should sign a statement that he is the individual he claims to be and that he understands that knowing and willful acquisition of records concerning an individual under false pretenses is a criminal offense subject to a fine of up to \$5000.

If the individual is known to SSA personnel, the above procedures need not be followed.

b. Request Made by Mail

The requester must include sufficient information in a mailed request to properly identify himself. At minimum, the letter must contain a name, address, signature, and other identifier such as a social security number, and any other information required by the record accessing procedure under the systems notice. The requester must also submit a notarized statement of identity or a statement certifying that he is the subject individual and that he understands that there are criminal penalties for making a knowing and willful request for access under false pretenses. If the request does not meet the above requirements, contact the individual to request the necessary information.

c. Request Made by Telephone

If a request for information is received by telephone, obtain sufficient information to establish the identity of the caller. Ask the caller to provide at least one piece of information which should be in the requested system of records to distinguish the caller's record from that of another individual. Examples of such information are date of birth, parents' names, dates of school attendance, etc. If the identifying information is insufficient, have the caller submit the request in writing per b. above.

Do not handle requests for access to sensitive records (such as medical records) by telephone. See GN 03301.025 for telephone disclosures to third parties.

4. PROVIDING ACCESS

If the information requested is available in the receiving office, it may be released from that point. If the re-

quested information is not available in the receiving office, complete a "Request for Information From a System of Records" (GN 03302.999, Exhibit 1) including the identifying information the caller furnishes. Mark the form "telephone request" and mail it to the official responsible for furnishing access to that system of records.

NOTE: *All denied access requests must also be considered as FOIA requests. In some cases (although it is not likely) disclosure may be possible under or required by the FOIA.*

C. Requests for Earnings Information

See CM 9250 for procedures to be followed.

03302.010 Special Access Situations

A. Minors

1. MINOR'S RIGHTS

A minor may exercise his right of access on his own behalf; consent of a parent is not necessary.

2. PARENTS' RIGHTS

a. Request on Behalf of Child

A natural or adoptive parent or the legal guardian of a minor child may, on behalf of that child, request access to all of the child's records. However, he does *not* have the right of direct access to medical records except if, when pursuing a claim for a child at the hearing or Appeals Council level, disclosure is necessary to protect the child's constitutional right to due process. See C.3. below for access to a child's medical records through a representative.

In all cases, the parent or guardian must produce evidence to establish his relationship to the child if SSA has not already established that relationship. A stepparent may *not* access a stepchild's record unless he is the child's legal guardian.

b. Request on Parent's Behalf

SSA is not required to honor all requests for access by a parent or legal guardian. *Access should be denied if it appears that the parent or guardian is acting on his own behalf and not on behalf of the child.* For example, when a parent or guardian asks for an earnings record in order to locate a runaway child, or when a parent wants to know the amount the child receives on another WE's account in order to prove that the parent shouldn't have to pay as much support, the parent or guardian ordinarily is not acting on behalf of the child. That a parent is neither living with nor has custody of a child *may* be an indication that the parent is not acting on behalf of the child, absent evidence to the contrary.

NOTE: *All denied access requests must also be considered as FOIA requests. In some cases (although it is not likely) disclosure may be possible under or required by the FOIA.*

B. Incompetents

For the purpose of this section, an incompetent is a person who has been the subject of a judicial finding of incompetency and for whom a legal guardian has been appointed.

An incompetent individual may exercise his right of access on his own behalf. A legal guardian may also access

his ward's records. Whenever there is an unresolvable question as to whether a person is a "legal guardian", field offices should refer the case through the ARC, Programs to the Regional Attorney. ODO will refer such cases to ODP, Division of Postadjudicative and Technical Policy, 3-F-10 Operations.

NOTE: *An incompetent individual and his legal guardian are not equated with an incapable individual and his representative payee. A legal guardian may have access to his ward's records, but in his capacity as a representative payee, an individual may have disclosed to him only that information necessary for discharging his duties as a representative payee. A representative payee's request for other information should be handled as an FOIA request. Of course, if an individual is both a representative payee and legal guardian, whichever capacity affords the greatest access will prevail.*

See GN 03304.005 for who may consent to the disclosure of an incompetent's records.

C. Medical Records

1. DEFINITION OF MEDICAL RECORD

For the purpose of access, the term "medical record" includes:

- any record originated by a physician or other health professional or any record derived from a report by such a source,
- medical determinations (including SSA-831, SSA-833, and SSA-834 and the rationales and diagnoses therein) and evaluations, and
- certain records which may be originated by a lay person and which are used in the adjudication of a claim (e.g., records originated while developing a case where lay evidence is used to substantiate epileptic seizures or to document mental impairment (see CM 6540(d)).

Field questions as to whether a record is a "medical record" should be referred to the ARC, Programs. Such questions in central office should be referred to ODP, Division of Postadjudicative and Technical Policy, 3-F-10 Operations.

2. INDIVIDUAL REQUESTS ACCESS

The following special procedures have been developed for providing an individual access to his medical records in such a manner as to avoid having an adverse effect on the individual.

NOTE: *The "designated representative" procedure applies only to medical records. Any other information accessible by the individual under the PA may be given directly to that individual.*

a. Naming a Designated Representative

Any individual (minor or adult) seeking access to his own medical records must, at the time of the request, name in writing a physician, health professional, or other responsible individual as a designated representative. The designated representative must be willing to review the medical record and be responsible for deciding whether or not to inform the individual of the contents of the record. Unless there is evidence to the contrary, as-

sume that an individual named as designated representative is "responsible."

Although the term "other responsible individual" does not exclude a family member, experience has shown that in some instances an extremely adverse situation may develop where a close family member comes into possession of information contained in the individual's medical records. If on review such a situation may occur, the matter should be discussed with the subject individual and every reasonable effort made to persuade him/her that another representative should be named. To even discuss the issue could in itself create a very sensitive situation and one requiring sound judgment as to the best approach. It may be productive merely to point out that often a person other than a family member is in a position to deal more objectively with sensitive information such as that contained in medical records.

If an individual insists on designating a family member as a representative, and if by so doing it appears likely that sufficient harm would be caused to the subject individual or the family member as to outweigh the desirability of permitting access through that member, the case should be forwarded to ODP, 3-F-10, Operations.

If the original request does not include the name of a designated representative, do not recontact the individual for one until the record has been reviewed as outlined below to see if direct access is permissible.

1) DEFINING ADVERSE EFFECT

An adverse effect is likely to occur if direct access by an individual to a medical report is expected to disrupt the doctor-patient relationship, interferes with the patient's medical management, or in some other way could cause an adverse effect.

Example 1:

An individual has two broken legs. The medical record indicates a good prognosis. An adverse effect is not likely.

Example 2:

An individual has a severe heart impairment and the doctor has noted in his medical records that knowing the severity of his condition could cause complications. An adverse effect is likely.

Example 3:

A doctor has included very candid remarks in the report which might incite the patient to threaten the doctor. An adverse effect is likely.

2) DETERMINING ADVERSE EFFECT

The manager of the component that has the record (e.g., the District Manager or the Medical Consultant Staff in Central Office) should review the records to determine if it is likely that there would be an adverse effect on the subject individual if the record were shown directly to him. The District Manager is responsible for reviewing medical records in SSI folders.

If the reviewer concludes that an adverse effect is likely, or if he concludes that he is unable to make this decision, he will send the record to the designated representative previously named (see GN 03302.999, Exhibit 3) or whomever the subject individual names upon further contact. The requester will be notified that the referral has been made.

If an adverse effect is not likely, the reviewer will release the record directly to the subject individual and will document the file to reflect this fact.

b. Explaining the Reason for Designating a Representative

If an individual asks for an explanation of the reasons for designating a representative, tell him that this is required by HHS regulations which are based on the PA. Do not tell an individual that direct access to a medical record is likely to have an adverse effect on him.

Explain that experience has shown that medical records usually contain technical data and information often best interpreted by a medical professional. Therefore, a request for access to these type records must include the designation, in writing, of a representative in accordance with regulations. While not required when an individual requests his own record, it would usually be best if the representative is a medical professional.

c. Assistance in Obtaining Designated Representative

An individual failing to designate a representative in the initial access request should again be asked to do so if direct access will not be given. If the individual says that he is unable to locate someone to act as his designated representative, the DO should assist him. Some possible sources to be considered are: social service workers, members of the local public health service, clergymen, legal aid attorneys, members of the judiciary or other public officials.

Central office components handling this type of request should send the individual a letter outlining the requirements for designated representatives and possible sources for representatives. See GN 03302.999, Exhibit 4 for sample language.

d. Refusal to Designate a Representative

1) CASE BELOW THE HEARING LEVEL OR HAS COMPLETED THE HEARING LEVEL

If an individual refuses to designate a representative, and an adverse effect is not likely, the component that has the record may grant direct access.

If an individual insists on direct access to records which SSA has determined are likely to have an adverse effect and SSA has made every reasonable effort to resolve the issue, or if SSA cannot determine if an adverse effect is likely, carefully document the file and forward it to the Office of Disability Programs (ODP), 3-F-10 Operations Building, Baltimore, Maryland 21235. Mark the envelope "DO NOT OPEN IN MAILROOM." If ODP denies the request for direct access, it will advise the individual of his appeal rights. If ODP approves the request, it will grant direct access. Central office components should also forward to ODP a denial letter patterned after GN 03302.999, Exhibit 5.

2) HEARINGS AND APPEALS COUNCIL CASES

If a request for a hearing or for an Appeals Council review has been filed, the claim file contains medical records which might have an adverse effect on the individual, and the individual has failed to name a designated representative according to 2.a. above, refer the request for access with the request for hearings or Appeals Council review to the Office of Hearings and Appeals (OHA)

for handling. The DO/BO, RO or central office component will forward all pertinent materials together and will notify the requester that OHA will answer his access request. This procedure applies to all cases over which OHA has jurisdiction, including:

- a) cases which will be referred to OHA but have not yet been sent;
- b) cases which are in OHA's possession; and
- c) cases which OHA has sent back to the DO/BO for further development.

If OHA sends a case back to the DO/BO or to central office asking the DO/BO or central office to provide access to the records, OHA will indicate exactly what records should be given to the individual.

Access to a record which has completed the hearings and Appeals Council levels will be handled as a request for access at the initial or reconsideration levels.

3. PARENT OR GUARDIAN REQUESTS ACCESS TO MEDICAL RECORDS OF A MINOR

Generally, medical records of a minor may not be accessed directly by a parent or guardian. When a parent (natural or adoptive) or guardian requests access on behalf of a minor, he must name a physician or other health professional (excluding family members) to receive the records as designated representative. Direct access is usually appropriate only in hearings and Appeals Council cases (see b. below).

a. Case Below the Hearing Level

In determining whether the parent or guardian should be shown the record, ask the physician or health professional named by the parent or guardian to consider any adverse effect that disclosure of the record to the parent or guardian might have on the minor.

Any response to the parent or guardian making the request should include language as follows:

"We have completed processing your request for notification of or access to (name of minor)'s medical records. This is to inform you that any medical records found pertaining to _____ have been sent to the designated (physician) (health professional)."

When medical records are sent to a physician or health professional as outlined above, reasonable efforts should be made to inform the minor. The age of 12 may be used as a guideline for when a child is old enough to understand such a notice.

If a parent or guardian refuses to name a designated representative, the systems manager will deny direct access. Remember that the parent or guardian's request must also be considered under the FOIA. Refer such cases to ODP, Division of Post-Adjudicative and Technical Policy, 3-F-10 Operations.

b. Case at Hearing or Appeals Council Level

If a parent or guardian refuses to name a designated representative and the case is at the hearing or Appeals Council Level, refer the request to OHA per 2.d.2 above.

NOTE: *In general, no one outside OHA should be involved in granting a parent or guardian direct access to a minor's medical records, except as directed by OHA. OHA will grant direct access to a parent or guardian only to protect a child's right to due process.*

4. ACCESS TO ADAP RECORDS

Access to ADAP records is not limited by PHS regulations as is disclosure (see GN 03301.005 E). Requests for access to these records should be handled in the same manners as other requests for access to medical records.

5. DISCLOSURES TO THIRD PARTIES AND AUTHORIZED REPRESENTATIVES

a. Third Parties With Consent

At the written request of an individual, his/her records may be furnished to a third party (individual or group) who is merely a recipient of the records and is not authorized to act on behalf of the individual. Such releases of information (e.g., HA requests in writing that SSA forward a medical record to his insurance company) are not considered access but, rather, disclosure with consent. This should not be confused with access by a person to his/her medical record which should be handled through the "designated" representative procedure as outlined above.

b. Authorized Representatives

An individual may authorize a third party to act on his/her behalf. Such a person is known as an "authorized representative" and must be named in writing. (This includes an attorney.) An authorized representative may see the individual's records to the extent provided for in the authorization. Such disclosures are *not* access, however; they are disclosures with consent or disclosures for a routine use.

D. Exempt Systems

The PA permits an agency to exempt certain types of record systems from its access requirements. The only exempt system not maintained in central office is the Program Integrity Case Files 09-60-0097. Any request involving this system should be forwarded to the appropriate Field Integrity Staff, Field Assessment Office (FIS, FAO) for disposition. The DO/BO usually gets involved with these types of records in developing fraud cases. If all of the investigative records are kept in a separate program integrity folder, they are exempt from access. Records kept in or attached to the regular claims folder are not exempt from access.

NOTE: *Even though an individual may not have "access" rights to an exempt system, he may have the right to some of the information in the system under the FOIA. See GN 03301.005 C.3.f. for a discussion of the FOIA exemption 7 limitations on disclosure of investigatory records.*

E. SSN Holders - Right to Information Concerning Others

As part of his right of access, a wage earner is entitled to know:

1. the names, dates of entitlement, and benefit amounts of all people receiving benefits based on his earnings record *and*
2. the names and claims status of all individuals who have filed for benefits on his earning record.

This information is considered to pertain to the SSN holder as an insured individual. **HOWEVER**, if a wage earner's child has been adopted by another person but is re-

ceiving benefits on the SSN holder's record, the SSN holder should not be told the child's new name or address.

The SSN holder's right to the above information is solely one of access; in and of itself, his consent is not proper authorization for SSA to disclose information regarding other beneficiaries. (See GN 03304.005 regarding consent.)

F. Requests for Information for the Basic Educational Opportunity Grant (BEOG) Program (Pell Grant)

1. GENERAL

In determining a student's eligibility for a BEOG award, the Department of Education (ED) must consider all title II and XVI payments made to the student and members of his household during the previous calendar year. For example, for awards covering school year 1980-1981, this means all such payments *received* by or for the student and his household from 1/1/79 - 12/31/79.

Each January, SSA gives ED tapes of all title II and XVI amounts shown on the MBR and SSR as having been paid to students and other beneficiaries receiving payments on the same CAN as the student. This disclosure is made under the routine use provisions outlined in GN 03305.001.B.9. ED runs the tapes against BEOG applications and, where it appears that a student may have underreported such payments, ED will send the student a notice to that effect. The student then has an opportunity to either revise or reiterate his statement of income.

If the student's new report still does not fall within a certain range of what SSA's records showed, ED will send the student a "Validation Form-BEOG Program" for the student and his parents to fill out. As part of this process, the student must get a statement from SSA as to the amounts of title II and XVI benefits paid to the student and his household in the appropriate year. (Note: A person does not have to have the same mailing address as the student for ED to consider him as part of the student's "household.") In most cases, ED will give the student a "Social Security Verification Form" for this purpose.

2. SSA HANDLING OF INQUIRIES

SSA offices should not attempt to answer questions about the BEOG program except to reiterate that ED is interested in monies paid to the student and members of his household during the previous calendar year. Other BEOG questions, such as who is considered to be a member of the household, how grants are figured, etc., should be referred to Biospherics, Incorporated, on its toll-free number, 1-800-638-6700.

Of course, SSA offices should answer SSA-related questions such as how to figure out the individual's benefits, how to get a benefit statement, etc.

3. SSA PROVIDING OF WITHIN CASE BENEFIT STATEMENTS

a. For Whom Statements May Be Given

SSA may give the student benefit statements for the following individuals:

- 1) The student himself;
- 2) Anyone receiving benefits on the student's SSN;
- 3) The student's minor children or individuals for whom he is the legal guardian; and
- 4) Any other individual who has consented in writing to the disclosure.

Requests for information about individuals other than those listed in 1)-4) above will be denied under FOIA exemption 6 (see GN 03301.005 C.3.f.). If no formal written request was made, an oral denial is appropriate.

b. Preparation of the Statement (see 1.) Above For Consents)

If the student does not bring in a Social Security Verification Form, the DO may use item 7 of an SSA-2458 (Report of Confidential Social Security Benefit Information) or a piece of social security letterhead to give the required benefit statements. The DO will complete the form or letter with all of the information that would have otherwise been shown on the Verification Form.

ED will instruct the student to list on the Verification Form all members of his BEOG household and SSN's for himself and his parents. SSA will report only payments made to or on behalf of those individuals listed who meet the criteria listed in 1) above and only payments made on the three SSN's given. If a listed household member does not receive payments on one of the three SSN's, the DO will show him as "Not a Recipient." ED will also tell the student to note any circumstances under which any of the listed beneficiaries may not have received full benefits for which they were eligible.

1) USE OF IN-OFFICE RECORDS

The DO will make every effort to respond to student requests for benefit statements without asking for a folder review. The micro-fiche, MBR and SSI query are the first tools that should be employed. If the student indicates that full benefits due were not actually paid and the records mentioned above do not show how much was actually paid, check the SSA-250, the on-line ROAR and any notices the student may have from SSA for clues. There may have been an overpayment, an underpayment, work, etc.

2) FOLDER REVIEW

If the DO cannot determine actual amounts paid, a folder review will be necessary. The DO will first fill out the Verification Form showing, where possible, payments actually made or that a person was not a recipient. For individuals whose payments are in question, the DO will fill in the amount that was *due* and will note that a folder

search will be conducted. The DO will then photocopy the Verification Form and give the original to the student.

If title XVI payments are involved, the DO will request the SSI folder from the FARC, resolve the payment problem, fill out the Verification Form with the amount of payment actually made, and send the form to the Department of Education, SSA Inquiry, Student Validation, P.O. Box 23185, Washington, D.C. 20013.

NOTE: *Disclosures made directly to ED will be made under the routine use provisions outlined in GN 03305.001.B.9.*

If the district office is unable to resolve the discrepancy for one or more title II beneficiaries, they will forward to the PSC, DIO or Office of Disability Operations for resolution with the claims folder:

- a) A photocopy of the ED Form 623 (Social Security Verification Form), *or*
- b) An SSA-2458 (Report of Confidential Social Security Benefit Information), *or*
- c) If the beneficiary did not bring the verification Form 623 to the district office, a piece of Social Security letterhead with all of the information that would have been shown on the form.

The following addresses will be used:

RSI cases: The appropriate PSC (DIO) address,
Attn: Health Insurance Inquiries Examiner

DI cases: Office of Disability Operations
P.O. Box 1075
Baltimore, Maryland 21203
Attn: DSI inquiries Branch (if the CAN is not in the module range) *or*
Attn: the appropriate module process branch inquiries staff (if the CAN is in the module range)

The transmittal sheet will be annotated "BEOG Program" and will include the wage earner's SSN, name of beneficiaries for which information must be furnished, and the address of ED (where the form is sent upon completion).

Upon receipt of the form and respective claims folder, the processor should ascertain from folder review the total amount of benefits actually paid to each beneficiary listed on the transmittal form during the period of January 1 through December 31 of the prior year. Enter this amount in the appropriate block on the verification form. Prepare a photocopy of the form for folder documentation purposes.

Example:

(entitled)	09/78	100.00 pd	10/03 check	
	10/78	100.00 pd	11/03 check	
	11/78	100.00 pd	12/03 check	
	12/78	100.00 pd	01/03 check	
	01/79	100.00 pd	02/03 check	
	02/79	100.00 pd	03/03 check	benefits
	03/79	100.00 pd	04/03 check	received
	04/79	100.00 pd	05/03 check	1979
(terminated)	05/79	100.00 pd	06/03 check	
(recomp)	01/80	46.00 pd	01/15 check	

Forward the completed verification form to the typist in the module for preparation of an envelope and subsequent release to the Department of Education, SSA Inquiry, Student Validation, P.O. Box 23185, Washington, DC 20013.

If a transmittal sheet is not attached to the Social Security Verification Form, process as above furnishing the verification for the beneficiaries listed on the form and send the verified form to the Department of Education.

G. OHA Evidence

See GN 03103.500 and GN 03103.505.

H. Employee Retirement Income Security Act (ERISA)

1. GENERAL

ERISA, also known as the Pension Reform Act, was enacted on September 2, 1974, to protect worker's rights to pension benefits. SSA has both prescribed (EXPLICIT) responsibilities and implied (IMPLICIT) responsibilities under this legislation. *The explicit responsibility* is for SSA to receive, record and maintain pension information, and to provide notices free of charge to claimants (and dependents or survivors) and requesters about possible deferred vested pension benefits to which they might be entitled. Deferred vested benefits are benefits to which an individual may be entitled to receive at a date later than the date of separation from employment covered by a private pension plan. *The implicit responsibility* is for SSA to provide earnings information to private pension funds (for a fee) or plan participants (free of charge) to enable them to determine the existence of and/or to compute the amount of vested benefits which would be payable at a later date. The specific responsibilities of SSA components are outlined below.

2. NOTICES ABOUT VESTED PENSION BENEFIT RIGHTS - DO ROLE (EXPLICIT RESPONSIBILITY)

a. Informing Claimants and Requesters About Obtaining Vested Benefit Rights

DO's are responsible for telling individuals how to obtain a notice of vested benefits (GN 03302.999 Exhibit 13). An electronic system is being developed whereby a notice will be automatically generated and mailed to an individual filing a claim under title II or Part A of title XVIII, but only when information is found on the record. Pending completion of the automated system, the above described claimants must request the information in the manner shown below for individuals not filing a claim.

If the individual is not filing a claim, he/she may send a written request for deferred vested rights pension information under his/her own number to the Social Security Administration, P.O. Box 17055, Baltimore, Maryland 21235. The request should include the plan participant's name, SSN, date of birth, and signature. Proper authorization must be included in a third party request. An address for the individual who will be receiving the pension information must also be included in the request. If the individual from whose record vested benefit information is being sought is deceased, the requester would have to be entitled to payment under section 204 (d) of the Act. When a written request is submitted, a reply will be sent whether or not SSA has a record of vested benefits.

b. Handling Inquiries Resulting From SSA Notice/Response

Generally, if an individual questions the information furnished on a notice of vested benefits or a negative response where our records show no indication of benefits, he/she will do so in writing. On occasion, however, an individual may contact the DO. Most situations can be resolved through the use of the information provided below. If not, the issue should be referred to Office of Central Records Operations (OCRO), OCO, at the P.O. Box 17055 address noted in H.2.a.1) above.

1) INDIVIDUAL QUESTIONS OR DISAGREES WITH INFORMATION PROVIDED

SSA furnishes, to an individual, only that information which was reported by the Plan Administrator. SSA has no jurisdiction over the benefit policies of a specific private pension plan or disbursement of monies due an individual under a specific private pension plan. The information provided on the notice represents the only information SSA files. Rights to vested benefit information are not based on the social security earnings record or related to any social security benefits to which an individual may be entitled.

a) Individual Does Not Understand Receipt/Intent of SSA Notice

Where the notice is generated by a claims action, no response or action for SSA purposes is required of the individual. The notice is simply to inform the individual or, in some cases, the person's dependents or survivors, that a specific plan has reported that the person may be entitled to private pension benefits. The individual should be referred to the Plan Administrator listed in the notice for any further information.

b) Individual Questions Money Amounts

Since changes in pension rights may occur subsequent to the receipt of pension information by SSA, the actual method and/or amount of payment may differ from that shown on the notice. This can also result from elected options on the part of the individual.

c) Individual Disagrees With Information on Notice

When there is a disagreement with information provided on the notice, advise the individual to contact the Plan Administrator.

Exception:

Where individual disagrees with identity of the plan or its administrator, record the basis for the disagreement and refer the issue to OCRO.

2) INDIVIDUAL/PLAN ADMINISTRATOR CONFLICT

When an individual is unable to gain cooperation from a Plan Administrator or believes that the Plan Administrator is not handling an inquiry/application for benefits in good faith, the issue should be referred to OOPP, OEER, DRUSR, RUSB, Blatimore, Maryland 21235. EXCEPTION: This does not include determination of proper credits or amount of benefits due.

The written statement should be as comprehensive as possible, giving all particulars of the case. A review of the case, determination of subsequent action, and when appropriate, transfer to another federal agency for resolution will be undertaken.

3) INDIVIDUAL DISAGREES WITH NEGATIVE RESPONSE

Pension plans have up to 210 days after the close of their fiscal or calendar year (in which the individual separated from covered employment under the plan) to file a deferred vested rights report. Up to seven months processing time may elapse between the filing of the report with IRS and its inclusion in SSA records. The individual should be made aware of this time frame and

advised to inquire at a later date if his/her date of separation falls within this span of time. Also, the individual should be informed of the advisability of contacting the employer or Plan Administrator in question during the interim period.

If the date of separation is outside of the above time frame AND the individual has contacted the employer or Plan Administrator to no avail AND the person believes that he/she is entitled to deferred vested benefits from the plan in question, refer to OCRO as noted in B.1.a. above.

c. Handling Requests for Other Information

Individuals should be directed to their pension Plan Administrator if they request the following information: copies of the current plan description (including rights and responsibilities of those covered by the plan), annual report, contracts or other documents under which the plan is established or operated and statements of when the individual's total pension benefits will become vested. If the individual does not know who the Plan Administrator is, he/she should ask the previous or current employer, as appropriate, for this information.

If an individual has difficulty in obtaining the above information, or he/she wishes additional information about pension reform legislation, the person should contact the Group Manager of Employee Plans, Office of the District Director, IRS having jurisdiction for the area in which the individual resides. IRS is responsible for seeing that these administrators provide the information.

If any employer or Plan Administrator is requesting a copy of a pension report (IRS Form 5500, Schedule SSA), forward the request to OCRO, P.O. Box 17055, Baltimore, Maryland 21235.

3. OFFICE OF CENTRAL RECORDS OPERATIONS ROLE - EXPLICIT RESPONSIBILITY

a. Maintaining ERISA Records

OCRO is responsible for recording and maintaining vested benefit rights information. Records of individuals with vested benefit rights are established by OCRO based on reports filed with IRS by Administrators of private pension plans. It is the responsibility of IRS to see that these reports (Form 5500, Schedule SSA (Exhibit 14)) are filed and subsequently forwarded to SSA.

b. Processing Request for Information

OCRO is responsible for processing individual requests to obtain notices of vested benefit rights. A requester will be sent a separate notice about each pension plan under which vested benefit information was reported for the individual.

OCRO will also furnish microprints of Schedules SSA to the employer or Plan Administrator who submitted the reports.

4. DISCLOSING EARNINGS INFORMATION TO PENSION PLANS (IMPLICIT RESPONSIBILITY)

ERISA requires pension plans to advise participants of their vested and accrued benefits. In order to comply with this requirement, funds need individual earnings records, and many have requested our assistance in providing this information because their records are incomplete.

Generally, multi-employer, plans that base a participant's pension on service with many employers in the

same industry need itemized earnings information (quarterly wages and names and addresses of employers); single-employer plans that base their pension benefits on an offset of the estimated social security benefit payable need only annual earnings information for years 1951 to date. See GN 03304.040 A.

a. Requests From Plans/Employers

If a single-employer or multi-employer plan inquires about obtaining SSA earnings information to assist it in fulfilling its responsibilities under ERISA, develop per GN 03304.040 B. (Disclosure of Earnings Information to Private Pension Plans under Reimbursable Agreement), and refer the inquiry and development to the Office of Enumeration and Earnings Records, OOPP, Attention: Records Utilization and Services Branch.

b. Requests From Plan Participants

If an individual inquires about obtaining SSA earnings information for pension plan purposes, ascertain if the

inquiry is based upon contact with the plan administrator. If the individual has not contacted the administrator, suggest that he/she do so to determine what the individual's responsibilities are. If he/she has contacted the administrator and insists on obtaining the earnings information, help him/her to do so.

1) INFORMATION GIVEN TO INDIVIDUAL

If the information is to be given to the individual, handle it as an access request under the Privacy Act. (See CM 9250-9261.)

2) INFORMATION SENT TO PENSION PLAN

If SSA is to send the information to the pension plan, handle the request under the Freedom of Information Act. In such cases, mention to the individual that SSA has reimbursable agreements with many plans (see GN 03304.040) and that fees for furnishing information to his/her particular plan may be covered by one of those agreements if requested by plan.

03302.999 Exhibits

- Exhibit 2 SSA-2458 (Report of Confidential Social Security Benefit Information) (see GN 03302.005)
- Exhibit 3 Forwarding Medical Records to a Designated Representative (see GN 03302.010 C) (Sample)
- Exhibit 4 Requirement to Designate Representative to Receive Medical Record (Sample Language) (see GN 03302.010 C. 2. c.)

- Exhibit 5 Requirement to Designate Representative—Final Notice (Sample Language) (see GN 03302.010. C.2.d.1)
- Exhibit 10-SSA Systems Notices Index & Extract
- Exhibit 11-Program Review Offices—Field Assessment
- Exhibit 12-Problem Case Units
- Exhibit 13-Pension Rights Information Notice
- Exhibit 14-IRS Form 5500, Schedule SSA, Annual Registration Statement Identifying Separate Participants with Deferred Vested Benefits

Exhibit 2—SSA-2458 (Report of Confidential Social Security Benefit Information)
(see GN 03302.005)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

**REPORT OF
CONFIDENTIAL SOCIAL SECURITY BENEFIT INFORMATION**

Information about a person's Social Security benefits is confidential by law. Except under certain circumstances specified by law and regulations, the Social Security Administration does not reveal such information to any person except the beneficiary involved, or his or her authorized representative.

SOCIAL SECURITY CLAIM NUMBER	BIC

Beneficiary's name and address

1. Name of person or agency from whom a request for benefit information was received.

Beneficiary

Other (Show name and address)

The person or agency named in item (1) above has requested information about your benefits. The information requested has been provided in the items checked (✓) below, and is being sent to you for your convenience. If you want the requesting agency (other than yourself) to have this information, you may show or send them this official report.

2. ☐ The gross amount of your monthly social security benefit is\$ _____
The amount deducted for Medicare is\$ _____
The net amount of your social security check each month is\$ _____
3. ☐ The above amount became effective _____ (Month) _____ (Year)
4. ☐ Your monthly benefit (before deduction for Medicare) from _____ Mo. Yr. to _____ Mo. Yr. was\$ _____
5. ☐ The monthly amount of your Supplemental Security Income payment is\$ _____
6. ☐ The above amount became effective _____ Mo. Yr.
7. ☐ The total monthly amount of your social security benefit and supplemental security income payment is\$ _____
8. ☐ According to our records your date of birth is _____
9. ☐ We are unable, at this time, to tell you whether benefits may be payable in your case, because the processing of your claim for disability benefits has not been completed. If it is determined that benefits are payable, you will receive notification of the exact amount and effective date.

10. ☐ Other

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL	
SS DISTRICT OFFICE ADDRESS	
TELEPHONE NO.	DATE

**Exhibit 3 Forwarding Medical Records to a
Designated Representative (See GN
03302.010 C) (Sample)**

M_____ has requested copies of medical records from his/her disability claim file. Regulations require that an individual who requests access to his/her medical records must designate a representative who would be willing to review the records and inform the individual of their contents, at the discretion of the representative.

M_____ has advised us that you will serve as his/her representative for this matter. Therefore, we are enclosing copies of his/her records which consist of the following reports:

(Use this paragraph only for a nonhealth professional representative) Medical information may be of such a nature that its disclosure to the individual concerned could adversely affect his/her health or interfere with his/her medical management. For this reason we suggest you exercise caution in revealing the exact contents of the records or leasing them directly to him/her.

It is not necessary to notify the Social Security Administration of the disposition of the records. However, because of the personal nature of medical information about an individual, the records should be destroyed after they have served their intended purpose.

**Exhibit 4 REQUIREMENT TO DESIGNATE
REPRESENTATIVE TO RECEIVE
MEDICAL RECORD (SAMPLE
LANGUAGE) (SEE GN 03302.010 C. 2. c)**

Dear _____,

This is in reference to your request that you be (authorized to review your medical records) (furnished copies of medical records) contained in your social security disability claim file.

When an individual requests notification of or access to a medical record pertaining to him or her, that individual must, at the time the request is made, designate a representative in writing. The representative may be a physician, other health professional, or other responsible person who would be willing to review the record and inform the individual of its contents at the discretion of the representative. You may find that a member of the local public health service, a social services worker, clergyman, the legal aid society, member of the judiciary or other public official, for example, may be willing to be your representative.

As soon as you provide the name of your representative, we will be glad to take action on your request. If you have any further questions about this matter, you may wish to contact a social security office. If you do, it may help if you take this letter with you.

**Exhibit 5 REQUIREMENT TO DESIGNATE
REPRESENTATIVE--FINAL NOTICE
(SAMPLE LANGUAGE) (See GN 03302.010
C.2.d.1)**

Dear _____,

This is regard to your request that you be furnished copies of the medical records contained in your social security claim file.

We believe that some clarification of the necessary procedure may be indicated. Regulations issued by the Department of Health, and Human Services require that an individual who requests access to a medical record pertaining to him or her shall, at the time the request is made, designate a representative in writing. The representative may be a physician, other health professional, or other responsible person who would be willing to review the record and inform the individual of its contents at the discretion of the representative.

Information indicates that you were informed of the requirement to designate a representative. However, we wish to further ensure that you are aware of this requirement, and to offer for your consideration some suggestions regarding individuals who may act in that capacity. Our experience indicates that you may find that a member of a local social services organization, legal aid society, clergy, judiciary, or other public agency may be willing to be your representative.

As soon as you provide the name of your representative, we will be happy to comply with your request for access to your medical record.

Exhibit 10 SSA Systems Notices Index and Extract

A. General

The following section provides an extract from the notice of SSA records systems required to be published in the *Federal Register*. It does not include notices of systems of records published by HCFA. It is to be used by offices receiving requests for access to identify specific system(s) from which an individual wishes to obtain information. For ease of reference, the Extract has been indexed and divided into major parts and subsections, based on the most common types of information contained within SSA records systems. These parts and subsections are as follows:

**1. PROGRAM SYSTEMS (RELATED TO THE SOCIAL
SECURITY PROGRAM)**

- a. SSN or earnings information,
- b. Claims information,
- c. Investigatory files,
- d. Public or correspondence records;

**2. PERSONNEL SYSTEMS (INFORMATION ABOUT SSA
EMPLOYEES OR FORMER EMPLOYEES, INCLUDING
CONTRACTORS OR CONSULTANTS)**

- a. Employees of SSA
- b. Contractors, consultants, and representatives;

3. STATISTICAL SYSTEMS (RELATED TO STATISTICAL STUDIES NOT DIRECTLY AFFECTING AN INDIVIDUAL)

B. Instructions for Use

Employees should first use the Index to determine the name of the system to which access is being sought, and then look in the Extract, where systems are listed numerically under the three major headings, to obtain information concerning that specific system.

After indentifying the system(s) to which access is desired, the employee should next determine whether his office can provide the information being sought. In situations where the office receiving the inquiry has access to the system(s), the data should be furnished at that level. If the system cannot be accessed by the request-receiving office, the request should be referred to the access point listed under notification. In the interest of brevity, we have not listed the complete address of the Central Office system manager (under NOTIFICATION) in every case. Where the complete address is not listed, the mailing address would be: Social Security Administration, (System Manager Title), 6401 Security Boulevard, Baltimore, Maryland 21235.

Exceptions:

1. ZIP Code for ODO is 21241;
2. Address for the Associate Commissioner, ORS, is: Room 1121, 1875 Connecticut Avenue N.W., Washington, D.C. 20009.

If information is requested from more than one system, the requester should be assisted in preparing a request for information for each system to be accessed and each request should be sent to the appropriate access point shown under NOTIFICATION.

C. Systems Notices Extract Index

1. PROGRAM SYSTEMS (THESE ARE SYSTEMS WHICH MAY BE CONSIDERED A PART OF SSA'S BENEFIT PAYMENT OPERATIONS)

a. SSN or Earnings Information

- 1) 09-60-0058—Master Files of Social Security Number Holders
- 2) 09-60-0059—Earnings Recording and Self-Employment Income System

b. Claims Information

1) MULTIPLE PROGRAMS (THESE SYSTEMS CONTAIN RECORDS INVOLVING ALL BENEFIT PAYING PROGRAMS UNLESS OTHERWISE SPECIFIED.)

- a) 09-60-0053—Reimbursement from Trust Fund for Vocational Rehabilitation Services
- b) 09-60-0065—Direct Input Source Documents
- c) 09-60-0066—Claims Development Record
- d) 09-60-0069—Record of Claims (Microfiche)
- e) 09-60-0080—Problem Case Files (all but SSI)

- f) 09-60-0089—Claims Folders and Post-Adjudicative Records of Applicants and Beneficiaries for Social Security Administration Benefits
- g) 09-60-0090—Master Beneficiary Record (RSDHI)
- h) 09-60-0091—Social Security Administration Claims Control System
- i) 09-60-0092—Automated Control System for Case Folders
- j) 09-60-0094—Recovery Accounting for Overpayments
- k) 09-60-0096—Control System for Delayed, Critical, or Sensitive Case Inquiries

2) BLACK LUNG

- 09-60-0045—Black Lung Payment System

3) DISABILITY

- a) 09-60-0044—Disability Determination Service Processing File
- b) 09-60-0050—Completed Determination Record—Continuing Disability Determinations

4) HEALTH INSURANCE

- 09-60-0095—Health Insurance Overpayment Ledger Cards

5) HEARINGS, APPEALS AND LITIGATIONS

- a) 09-60-0003—Hearing File and Attorney Fee File
- b) 09-60-0004—Appeals File
- c) 09-60-0005—Administrative Law Judge File
- d) 09-60-0006—Storage of Hearings Records: Tape Cassettes and Audiograph Discs
- e) 09-60-0008—Administrative Law Judge's Docket
- f) 09-60-0009—Hearings and Appeals Case Control System
- g) 09-60-0084—Control File for Cases Before Presiding Officers
- h) 09-60-0184—Hearing Office Master Calendar
- i) 09-60-0186—Litigation Master Record File
- j) 09-60-0213—Quality Review of Hearing Process

6) SUPPLEMENTAL SECURITY INCOME

- a) 09-60-0040—Quality Review System
- b) 09-60-0042—Quality Review Case File
- c) 09-60-0081—Problem Case File (SSI)
- d) 09-60-0082—Forced Payment File (SSI)
- e) 09-60-0083—One-Time Payment File

- f) 09-60-0103-Supplemental Security Income Record
- g) 09-60-0110-Supplemental Security Income File of Refunds
- h) 09-60-0111-Debit Voucher File (SSI)

c. Investigatory Files

- 1) 09-60-0037-GENERAL CRIMINAL INVESTIGATION FILES
- 2) 09-60-0097-PROGRAM INTEGRITY CASE FILES
- 3) 09-60-0208-PROGRAM INTEGRITY CASE CONTROL SYSTEM

d. Public or Correspondence Records

- 1) 09-60-0001-COMMISSIONER'S CORRESPONDENCE FILE
- 2) 09-60-0002-AUTOMATED CONTROLLED CORRESPONDENCE EXTRACTION SYSTEM
- 3) 09-60-0077-CONGRESSIONAL INQUIRY FILE
- 4) 09-60-0078-PUBLIC INQUIRY CORRESPONDENCE FILE
- 5) 09-60-0085-CLAIMS LEADS

2. PERSONNEL SYSTEMS

a. Employees of SSA

- 1) 09-60-0017-PERSONNEL RESEARCH AND MERIT PROMOTION TEST RECORDS
- 2) 09-60-0030-EMPLOYEE HOUSING REQUEST FILES
- 3) 09-60-0031-EMPLOYEE PRODUCTION AND ACCURACY RECORDS
- 4) 09-60-0032-DEBTORS, CREDIT COUNSELING AND CONSUMER PROTECTION
- 5) 09-60-0038-EMPLOYEE IDENTIFICATION CARD FILES (BUILDING PASSES)
- 6) 09-60-0063-RESOURCE ACCOUNTING SYSTEM
- 7) 09-60-0210-RECORD OF INDIVIDUALS AUTHORIZED ENTRY TO SECURED ELECTRONIC DATA PROCESSING AREA
- 8) 09-60-0214-PERSONAL IDENTIFICATION NUMBER FILE

b. Contractors, Consultants and Representatives

- 1) 09-60-0012-LISTING AND ALPHABETICAL NAME FILE (FOLDER) OF VOCATIONAL EXPERTS, MEDICAL ADVISORS, AND MEDICAL CONSULTANTS
- 2) 09-60-0013-RECORDS OF USAGE OF MEDICAL ADVISORS AND MEDICAL CONSULTANTS

- 3) 09-60-0014-CURRICULUM VITAE AND PROFESSIONAL QUALIFICATIONS OF MEDICAL OFFICERS, MEDICAL ADVISORS, AND MEDICAL CONSULTANTS AND RESUME OF VOCATIONAL EXPERTS

- 4) 09-60-0015-LIST OF PHYSICIANS UTILIZED AS READERS OF BLACK LUNG X-RAY FILM

- 5) 09-60-0033-REQUESTS FOR REVIEW OF PROPOSED CONTRACTS WITH EXPERTS AND CONSULTANTS

- 6) 09-60-0046-CONSULTATIVE PHYSICIAN FILE

- 7) 09-60-0102-FEE LEDGER SYSTEM FOR REPRESENTATIVES

3. STATISTICAL SYSTEMS

- a. 09-60-0047-Critical Case Processing Time

- b. 09-60-0049-Disability Data Record

- c. 09-60-0051-Administrative Disallowance Records for Technical Denials

- d. 09-60-0052-Disposition of Vocational Rehabilitation Report to Social Security Administration

- e. 09-60-0056-Vocational Rehabilitation Savings Calculation

- f. 09-60-0057-Quality Evaluation Data Records

- g. 09-60-0117-Age at First Payment of Retirement Insurance Benefit

- h. 09-60-0118-Non-Contributory Military Service Reimbursement System

- i. 09-60-0119-Special Age 72 Benefit Trust Fund Transfer Project

- j. 09-60-0128-Retirement, Survivors and Disability Insurance Claims Study

- k. 09-60-0129-Adjudication of Supplemental Security Income Claims Study

- l. 09-60-0148-Matches of Internal Revenue Service and Social Security Administration Data with Census Survey Data (Joint Social Security Administration/Census Statistics Development Project)

- m. 09-60-0149-Matches of Internal Revenue Service and Social Security Administration Data (Joint Social Security Administration/Treasury Department Statistics Development Project)

- n. 09-60-0159-Continuous Work History Sample (Statistics)

- o. 09-60-0183-Matches of Social Security Administration, Department of Defense, and Veterans Administration Data Relating Earnings History to Armed Forces Training Experience

- p. 09-60-0196-Disability Studies Survey Records (Statistics)

- q. 09-60-0197—Disability Studies Records and Extracts (Statistics)
- r. 09-60-0198—Extramural Administrative File Research
- s. 09-60-0199—Extramural Surveys (Statistics)
- t. 09-60-0200—Retirement and Survivors Studies Survey Records (Statistics)
- u. 09-60-0201—Retirement and Survivors Studies Records and Extracts (Statistics)
- v. 09-60-0202—Old-Age, Survivors and Disability Beneficiary and Worker Records and Extracts (Statistics)
- w. 09-60-0203—Supplemental Security Income Studies Survey Records (Statistics)
- x. 09-60-0204—Supplemental Security Income Studies Survey Records and Extracts (Statistics)
- y. 09-60-0209—Readership Surveys of Office of Research and Statistics (ORS) Publications (Statistics)

4. MISCELLANEOUS

- a. 09-60-0075—Congressional Bills File
- b. 09-60-0206—Repatriate Records System

D. Program Systems Notice Extracts

1. COMMISSIONER'S CORRESPONDENCE FILE HHS SSA OC 09-60-0001

a. Categories of Individuals Covered by the System

Any person or group who may write directly to the Commissioner.

b. Categories of Records in the System

The Commissioner's incoming personal correspondence.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Office of the Commissioner
922 Altmeyer Building
6401 Security Boulevard
Baltimore, Maryland 21235

When requesting notification or access to a record in this system, an individual should refer to this system and provide his or her name and return address.

2. AUTOMATED CONTROLLED CORRESPONDENCE EXTRACTION SYSTEM HHS SSA OGA 09-60-0002

a. Categories of Individuals Covered by the System

Records are maintained for individuals who forward a request for information directly to the Commissioner of the Social Security Administration and for individuals whose requests to members of Congress, the President, etc. are forwarded to the Commissioner for response.

b. Categories of Records in the System

Information is maintained in the system solely to aid in the control of correspondence through the various processing steps. Information in the records includes the following:

- 1) NAME OF INDIVIDUAL INVOLVED,
- 2) SOCIAL SECURITY NUMBER (IF GIVEN),
- 3) NAME OF THIRD PARTY INQUIRER (IF PRESENT),
- 4) TYPE OF CORRESPONDENCE,
- 5) ORGANIZATIONAL COMPONENT HAVING INITIAL RESPONSIBILITY FOR THE INQUIRY,
- 6) CONGRESSMAN'S NAME (IF A CONGRESSIONAL INQUIRY),
- 7) INQUIRY SOURCE CODE (INDICATES WHICH CONGRESSMAN'S OFFICE REFERRED AN INQUIRY TO SSA),
- 8) ADDRESS-TO-CODE (OFFICIAL TO WHOM INQUIRY IS DIRECTED),
- 9) SIGNATURE CODE (OFFICIAL WHOSE NAME WILL APPEAR ON THE REPLY),
- 10) COMPUTER IDENTIFICATION CODE (10 DIGIT CODE CROSS REFERRED TO THE NAME OF THE INDIVIDUAL),
- 11) SUBJECT MATTER CODE,
- 12) LOCATION OF INFORMATION (COMPONENT WITHIN THE SOCIAL SECURITY ADMINISTRATION THAT RECEIVED THE INQUIRY AND DATE OF RECEIPT), AND
- 13) RESPONSE INFORMATION (TYPE AND DATE OF SOCIAL SECURITY ADMINISTRATION RESPONSE).

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Chief, Correspondence Systems and Analysis Branch,
DCAP, OPI
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

When requesting notification of or access to records, an individual should provide his or her name, the person to whom the inquiry was sent and the date of the inquiry.

3. HEARING FILE AND ATTORNEY FEE FILE HHS SSA OHA 09-60-0003

a. Categories of Individuals Covered by the System

Claimants—titles II, IX, XVI, XVIII, and Black Lung.

b. Categories of Records in the System

When present, the hearing file generally contains: request for hearing, notice of hearing, "Appearance at Hearing" Card signed by claimant, correspondence to claimant, representative, or other source of evidence, cassette recordings of hearing, HA-503 card (case control device), decision (or dismissal order), and any material otherwise in an Appeals File. The hearing file (when present) may also contain the following information which is otherwise maintained as attorney fee file: attorney fee petition involving \$3000 or more, requests for administrative review, or filed after Appeals Council action on a claim, Attorney Fee Analyst recommendation, fee authorization order, related correspondence, and control card.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Social Security Administration
Office of Hearings and Appeals
P.O. Box 2518
Washington, D.C. 20013

When requesting notification of records, an individual should provide his or her name and social security number.

4. APPEALS FILE HHS SSA OHA 09-60-0004**a. Categories of Individuals Covered by the System**

Claimants—supplemental security income; retirement, survivors, and disability insurance; health insurance; black lung; and claimants subject to professional standards review.

b. Categories of Records in the System

This file generally contains: Hearing and Appeals analyst's recommendation to the Appeals Council; copies of correspondence and replies during processing of case; requests to Medical Support Staff and their comments, if not entered into the record; copies of Appeals Council actions on the case; notice of denial of request for review, order of remand, notice of granting review, decisions; copies of all post-adjudicative actions or correspondence; copies of transcripts when available.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Social Security Administration
Office of Hearings and Appeals
801 North Randolph Street
Arlington, Virginia 22203

When requesting notification, an individual should provide his or her name and social security number for identification.

5. ADMINISTRATIVE LAW JUDGE FILE HHS SSA OHA 09-60-0005**a. Categories of Individuals Covered by the System**

Claimants—supplemental security income, retirement, survivors, and disability insurance; health insurance; black lung; and claimants subject to professional standards review.

b. Categories of Records in the System

File established in the hearing office of hearing actions taken on each particular case.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address or visiting or writing to the hearing office.

Social Security Administration
Office of Hearings and Appeals
801 North Randolph Street
Arlington, Virginia 22203

When requesting notification, an individual should provide his or her name, address, and social security

number. The social security number would be helpful although it is not mandatory.

6. STORAGE OF HEARING RECORDS: TAPE CASSETTES AND AUDIOGRAPH DISCS HHS SSA OHA 09-60-0006**a. Categories of Individuals Covered by the System**

Claimants—supplemental security income; retirement, survivors, and disability insurance; health insurance; black lung; and claimants subject to professional standards review.

b. Categories of Records in the System

Recording of actual hearing before an administrative law judge.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to or visiting the following address:

Social Security Administration
Office of Hearings and Appeals
801 North Randolph Street
Arlington, Virginia 22203

When requesting notification, an individual should provide his or her name and social security number.

7. ADMINISTRATIVE LAW JUDGE'S DOCKET HHS SSA OHA 09-60-0008**a. Categories of Individuals Covered by the System**

Claimants—supplemental security income; retirement, survivors, and disability insurance; health insurance; black lung; and claimants subject to professional standards review.

b. Categories of Records in the System

A list of the cases pending before the administrative law judge.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Social Security Administration
Office of Hearings and Appeals
801 North Randolph Street
Arlington, Virginia 22203

When requesting notification, an individual should provide his or her name and social security number.

8. HEARING AND APPEALS CASE CONTROL SYSTEM HHS SSA OHA 09-60-0009**a. Categories of Individuals Covered by the System**

Claimants—supplemental security income; retirement, survivors, and disability insurance; health insurance; black lung; and claimants subject to professional standards review.

b. Categories of Records in the System

Social security number, name, type of claim, last action on case/date, location of case (office), date of receipt, hearing request (date/type/schedule date/request for review date), administrative law judge, cross reference number.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Social Security Administration
Office of Hearings and Appeals
801 North Randolph Street
Arlington, Virginia 22203

When requesting notification, an individual should provide his or her name and social security number.

9. QUALITY REVIEW SYSTEM HHS SSA OA 09-60-0040**a. Categories of Individuals Covered by the System**

Randomly selected applicants for and/or beneficiaries of:

- 1) Supplemental Security Income (SSI) payments under title XVI of the Social Security Act. Records of some SSI beneficiaries may have been transferred from State Welfare rolls for Aid to the Aged, Blind, and Disabled.
- 2) Retirement, survivors, and disability insurance benefits under title II of the Social Security Act.

b. Categories of Records in the System**1) SUPPLEMENTAL SECURITY INCOME
QUALITY REVIEW**

Quality Assurance Data Base, selected casefile, contingency sample master file, quality assurance universe file, designated case file, designated case transmission file, designated case extract file, and sample control list. These records may contain: social security number, State and county of residence, type of claim information regarding federally administered supplementation payments, social security claims numbers, living arrangements and family composition, income and medical information, sex, race, resources, third party contracts, and indications of processing errors.

**2) RETIREMENT AND SURVIVORS INSURANCE
AND DISABILITY INSURANCE QUALITY
REVIEW**

These records contain information regarding Federal payments and other information listed in (a) above.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Director
Division of Quality Policy and Sample Control
Office of Payment and Eligibility Quality
Office of Assessment
6401 Security Boulevard
Baltimore, Maryland 21235

An individual who requests notification of, or access to, a medical record shall, at the time he or she makes the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse affect on him or her. If the responsible SSA official is

unable to make a determination, or makes the determination that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent.

A parent or guardian who requests notification of or access to a minor's medical record shall at the time he or she makes the request designate a physician or other health professional (other than a family member) who will be willing to review the record and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

10. QUALITY REVIEW CASE FILE HHS OA 09-60-0042**a. Categories of Individuals Covered by the System**

Randomly selected applicants for and/or beneficiaries of:

- 1) Supplemental Security Income (SSI) payments under title XVI of the Social Security Act. Records of some SSI beneficiaries may have been transferred from State welfare rolls for Aid to the Aged, Blind, and Disabled.
- 2) Retirement, survivors, and disability insurance benefits under title II of the Social Security Act.

b. Categories of Records in the System

The Quality Review Casefile contains information from SSA records and information obtained by Quality Review Specialists from retirement and survivors insurance, disability insurance and SSI applicants and or beneficiaries and from third party sources. These casefiles may contain information relating to any combination of these three programs.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to:

Director
Office of Payment and Eligibility Quality
Office of Assessment
6401 Security Boulevard
Baltimore, Maryland 21235 or

The respective Director, Division of Payment and Eligibility Quality, Field Assessment Office, (see GN 03302.999 Exhibit 11 for address information).

An individual who requests notification of, or access to, a medical record shall, at the time he or she makes the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse affect on him or her. If the responsible SSA official is unable to make a determination, or makes the determination that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent. A parent or guardian who requests notification of or access to a minor's medical record shall at the time he or she makes the request designate

a physician or other health professional (other than a family member) who will be willing to review the record and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

11. DISABILITY DETERMINATION SERVICE

PROCESSING FILE HHS SSA ODP 09-60-0044

a. Categories of Individuals Covered by the System

Claimants for disability insurance and black lung benefits, and supplemental security income alleging a disability for whom the Disability Determination Service processes claims.

b. Categories of Records in the System

Name and social security number of wage earner, claimant's name and address, date of birth, diagnosis, beginning and ending dates of disability, basis for determination, work history information, educational level, reexamination date (if applicable), date of application, names and titles of persons making or reviewing the determination and certain administrative data. Also included could be data relative to the location of the file and the status of the claim, copies of medical reports, and data relating to the evaluation and measurement of the effectiveness of claims policies.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting:

Disability Determination Service Administrator
Disability Determination Services, C/O State in which he or she resides and/or information is likely to be maintained.

An individual who requests notification of, or access to, a medical record shall, at the time he or she makes the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse affect on him or her. If the responsible SSA official is unable to make a determination, or makes the determination that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent. A parent or guardian who requests notification of or access to a minor's medical record shall at the time he or she makes the request designate a physician or other health professional (other than a family member) who will be willing to review the record and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

12. BLACK LUNG PAYMENT SYSTEM HHS SSA OURV 09-60-0045

a. Categories of Individuals Covered by the System

All black lung beneficiaries currently entitled to receive a black lung benefit and beneficiaries terminated

because of a termination event as defined in the Federal Coal Mine Health and Safety Act.

b. Categories of Records in the System

The Black Lung Master Records consist of a payment master record and a benefit master record which are matched once a month. The payment master record reflects the social security number and the payment identification code under which black lung benefits are awarded and payment data such as the monthly payment amount, the scheduled payment amount, offset information, the number of beneficiaries on the account as well as the number of beneficiaries in the payment, the month of accrual, the month of debit, credit information, future month of adjustment diary dates, cross-reference information, payee name and address information, direct deposit data, and statistical information. The benefit master record contains a benefit record for each beneficiary on the account which includes the social security number, the payment and benefit identification codes, the payment status, the monthly benefit amount, the beneficiary's name, type of benefit, date of birth, race, sex, offset information, credit information, date of filing, date of entitlement, representative payee information, and statistical information.

Only the latest action taken is reflected on these records. The records may be in the following form: Payment Master Record Computer File; Benefit Master Record Computer File; Treasury Payment Tape File; Microfiche Files; Payment Reference Listing; Benefit Reference Listing.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Director
Office of User Requirement and Validation
Baltimore, Maryland 21235

When requesting notification or access to a record in this system an individual should furnish his or her name, social security number, approximate date and place claim was filed, type of claim (disability, Black Lung, or supplemental security income), and return address.

13. COMPLETED DETERMINATION RECORD— CONTINUING DISABILITY DETERMINATIONS HHS SSA OCO 09-60-0050

a. Categories of Individuals Covered by the System

Allowed disability claimants on which a continuing disability issue has occurred and a decision of continuance or cessation has been approved.

b. Categories of Records in the System

Name and social security number of the individual and other data such as date of birth, District and State Agency Code, date disability began, type of claim, reasons for reopening, continuance or cessation code, date of termination (if applicable), date of completion, etc.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below:

Associate Commissioner
Office of Central Operations
Baltimore, Maryland 21235

When requesting notification or access to a record in this system an individual should furnish his or her name, social security number, approximate date and place claim was filed, type of claim (disability, Black Lung, or supplemental security income), and return address.

An individual who requests notification of, or access to, a medical record shall, at the time he or she makes the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse affect on him or her. If the responsible SSA official is unable to make a determination, or makes the determination that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent. A parent or guardian who requests notification of or access to a minor's medical record shall at the time he or she makes the request designate a physician or other health professional (other than a family member) who will be willing to review the record and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

14. ADMINISTRATIVE DISALLOWANCE RECORDS FOR TECHNICAL DENIALS HHS SSA OCO 09-60-0051

a. Categories of Individuals Covered by the System

Any disability applicant whose claim has been disallowed for technical reasons, generally for failure to meet the insured status provisions at any time.

b. Categories of Records in the System

The name and social security number of the claimant together with other pertinent data such as district office code, disallowance code, date claim filed, disallowance notice number and date processed.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below:

Associate Commissioner
Office of Central Operations
Baltimore, Maryland 21241

When requesting notification or access to a record in this system an individual should furnish his or her name, social security number, approximate date and place claim was filed, type of claim (disability, Black Lung, or supplemental security income), and return address.

15. DISPOSITION OF VOCATIONAL REHABILITATION REPORT TO SOCIAL SECURITY ADMINISTRATION HHS SSA ODP 09-60-0052

a. Categories of Individuals Covered by the System

Disability claimants accepted for vocational rehabilitation services under the reimbursement provisions and now reported as closed (no longer receiving service).

b. Categories of Records in the System

The name and social security number of the disabled beneficiary together with other statistical information such as type of claim, closure status, date of closure, State vocational rehabilitation code, date of form, etc.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below:

Director
Office of Disability Programs
Baltimore, Maryland 21241

When requesting notification or access to a record in this system an individual should furnish his or her name, social security number, approximate date and place claim was filed, type of claim (disability, or supplemental security income), and return address.

An individual who requests notification of, or access to, a medical record shall, at the time he or she makes the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse affect on him or her. If the responsible SSA official is unable to make a determination, or makes the determination that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent. A parent or guardian who requests notification of or access to a minor's medical record shall at the time he or she makes the request designate a physician or other health professional (other than a family member) who will be willing to review the record and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

16. REIMBURSEMENT FROM TRUST FUND FOR VOCATIONAL REHABILITATION SERVICES HHS SSA ODP 09-60-0053

a. Categories of Individuals Covered by the System

Disabled claimants referred and undergoing consideration for vocational rehabilitation services; costs of such services to be reimbursed from social security trust or general funds providing a beneficiary status exists.

b. Categories of Records in the System

The name and social security number of the beneficiary as well as vocational rehabilitation state and district office code, type of claim, amount of benefit (at time of referral), date of request for status.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below:

Director
Office of Disability Programs
Baltimore, Maryland 21241

When requesting notification or access to a record in this system an individual should furnish his or her name, social security number, approximate date and place claim was filed, type of claim (disability, Black Lung, or supplemental security income), and return address.

17. MASTER FILES OF SOCIAL SECURITY NUMBER HOLDERS HHS SSA OEER 09-60-0058

a. Categories of Individuals Covered by the System

All individuals who have obtained social security numbers.

b. Categories of Records in the System

This system contains all of the information received on original applications for social security numbers and any changes in the information on the applications that are submitted by the social security number holder. Cross-reference may be noted where multiple numbers have been issued to the same individual, an indication that benefit claim has been under this social security number.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by providing his or her name and social security number, or if the social security number is not known, date of birth, place of birth, mother's maiden name, and father's name, and evidence of identity to the address shown below:

Director
Office of Enumeration and Earnings Records
6401 Security Boulevard
Baltimore, Maryland 21235

18. EARNINGS RECORDING AND SELF-EMPLOYMENT INCOME SYSTEM HHS SSA OEER 09-60-0059

a. Categories of Individuals Covered by the System

Any person who has been issued a social security number and who may or may not have earnings under social security or self-employment income; or any person requesting, reporting, or changing earnings information and/or inquiring about some aspect of the Social Security Act; or any person having a vested interest in a private pension fund.

b. Categories of Records in the System

This contains records of all social security number holders, their name, date of birth, sex, race, a summary of their yearly earnings; quarters of coverage, special employment codes (i.e., self-employment, military, agriculture, and railroad); benefit status and employer identification (i.e., employer identification numbers and pension plan numbers); minister waiver forms (i.e., forms filed by the clergy for the election or waiver of coverage under the Social Security Act); and correspondence received from individuals pertaining to the above mentioned items; as well as copies of the replies to such correspondence, employer pension plan identification numbers; and pension plan information (i.e., nature and form, and amount of vested benefits).

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by providing his or her name, social security number, signature, or other person-

al identification and referring to this system to the address shown below:

Director
Office of Enumeration and Earnings Records
6401 Security Boulevard
Baltimore, Maryland 21235

19. DIRECT INPUT SOURCE DOCUMENTS HHS SSA ORC 09-60-0065

a. Categories of Individuals Covered by the System

Beneficiaries and applicants for retirement, survivors, or disability social security benefits, or health insurance benefits.

b. Categories of Records in the System

Notice of death, annual report of earnings, change in marital status, address or student status, etc.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient district or branch manager.

20. CLAIMS DEVELOPMENT RECORD HHS SSA ORC 09-60-0066

a. Categories of Individuals Covered by the System

Beneficiary, applicant, and inquirer for the various social security and black lung benefit programs.

b. Categories of Records in the System

The file contains the name, address, and social security number of the individual. It also contains developmental notes concerning the requesting and receipt of documents required for processing a claim for benefits. Benefit amounts and date of entitlement may also be displayed.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient district or branch manager.

21. RECORD OF CLAIMS (MICROFICHE) HHS SSA ORC 09-60-0069

a. Categories of Individuals Covered by the System

Beneficiaries and denied applicants for social security and health insurance benefits, supplemental security income payments.

b. Categories of Records in the System

Certain individual's name, address, social security number, date of birth, payment history, pertinent information concerning entitlement to health insurance benefits, representative payee data, etc.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient district or branch office or teleservice center manager.

22. CONGRESSIONAL BILLS FILE HHS SSA OP 09-60-0075

a. Categories of Individuals Covered by the System

Members of Congress.

b. Categories of Records in the System

Listing of bills to amend the Social Security Act. Includes bill number, sponsor's name, State, and party affiliation.

iation, date of introduction of bill, and a 3-digit subject code.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below:

Legislative Reference Officer
Room 416 Altmeyer Building
6401 Security Boulevard
Baltimore, Maryland 21235

23. CONGRESSIONAL INQUIRY FILE HHS SSA ORC 09-60-0077

a. Categories of Individuals Covered by the System

Congressional representative.

b. Categories of Records in the System

Correspondence to and from congressional representative.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient district or branch office.

24. PUBLIC INQUIRY CORRESPONDENCE FILE HHS SSA ORC 09-60-0078

a. Categories of Individuals Covered by the System

General public.

b. Categories of Records in the System

Inquiries usually for benefit information.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient district or branch office.

25. PROBLEM CASE FILE HHS SSA OURV 09-60-0080

a. Categories of Individuals Covered by the System

Beneficiaries and applicants for social security benefits, health insurance, and black lung benefits.

b. Categories of Records in the System

Beneficiary's name, address, social security number, nature of problem, and action being taken.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient district or branch office.

26. PROBLEM CASE FILE (SUPPLEMENTAL SECURITY INCOME) HHS SSA ORC 09-60-0081

a. Categories of Individuals Covered by the System

Applicants for supplemental security income payments.

b. Categories of Records in the System

Listing of cases with date of eligibility in 1974 contains individual's name, social security number and in some cases additional information pertaining to factors of eligibility such as income, resources, and living arrangements. Claims folder containing application and documentation of factors of eligibility may also be in the file.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the appropriate Problem Case Unit (see GN 03302.999 Exhibit 12 for address information).

27. FORCED PAYMENT FILE (SUPPLEMENTAL SECURITY INCOME) HHS SSA ORC 09-60-0082

a. Categories of Individuals Covered by the System

Applicants for supplemental security income payments.

b. Categories of Records in the System

Paper listing containing name, social security number, and type of action being taken on the case.

c. Notification Procedure

Write to the address specified in GN 03302.999 Ex. 12

28. ONE TIME PAYMENT FILE HHS SSA ORC 09-60-0083

a. Categories of Individuals Covered by the System

Applicants for Supplemental Security Income.

b. Categories of Records in the System

File contains name of applicant, social security number, amount paid, months for which paid. Some records may also include other data pertaining to eligibility factors such as income, resources, living arrangement, etc.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the appropriate Problem Case Unit (see GN 03302.999 Exhibit 12 for address information).

29. CONTROL FILE FOR CASES BEFORE PRESIDING OFFICERS HHS SSA ORC 09-60-0084

a. Categories of Individuals Covered by the System

Applicants for supplemental security income payments.

b. Categories of Records in the System

Card file contains individual's name, social security number, and chronological record of case processing. Claims file (if present) contains, in addition, factors of eligibility such as income, resources, living arrangements, etc.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the appropriate Problem Case Unit (see GN 03302.999 Exhibit 12 for address information).

30. CLAIMS LEADS HHS SSA ORC 09-60-0085

a. Categories of Individuals Covered by the System

Individuals potentially eligible for benefits under Titles II, XVI, XVIII of the Social Security Act.

b. Categories of Records in the System

Leads from mental hospital admissions, welfare, Internal Revenue Service, Veterans Administration, etc., who may be eligible for benefits under the various social security programs. Lead forms generally contain name and address of individual, date of birth, existence of a mental or physical impairment, data on dependents, last date worked, etc.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient social security district or branch office.

31. CLAIMS FOLDERS AND POST-ADJUDICATIVE RECORDS OF APPLICANTS AND BENEFICIARIES FOR SOCIAL SECURITY ADMINISTRATION BENEFITS HHS SSA OCO 09-60-0089

a. Categories of Individuals Covered by the System

Claimants for retirement, survivors, disability, health insurance, or black lung benefits or supplemental security income payments.

b. Categories of Records in the System

The claims folder is established when a claim for benefits is filed. It contains applications for benefits, earnings record information established and maintained by the Social Security Administration, documents supporting factors of entitlement and continuing eligibility, payment documentation, and correspondence to and from claimants and/or representatives. It may also contain data collected as a result of inquiries or complaints and evaluation and measurement study of effectiveness of claims policies. Separate files may be maintained of certain actions which are entered directly into the computer processes. These relate to reports of changes of address, work status, and other post-adjudicative reports.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient social security office.

When requesting notification, an individual should provide his or her name, social security number, the type of claim he or she filed (retirement, survivors, disability, health insurance, black lung, special minimum payments, or supplemental security income) (if more than one was filed, each should be identified), whether he or she is or has been receiving benefits, whether payments are being received under his or her own social security number, and if not, the name and social security number under which received, if benefits have not been received, the approximate date and place the claim was filed, and his or her address and/or telephone number.

An individual who requests notification of, or access to, a medical record shall, at the time he or she makes the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse effect on him or her. If the responsible SSA official is unable to make a determination, or makes the determination that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent. A parent or guardian who requests notification of, or access to, a minor's medical record shall at the time he or she makes the request designate a physician or other health professional (other than a family member) who will be willing to review the record

and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

32. MASTER BENEFICIARY RECORD HHS SSA OURV 09-60-0090

a. Categories of Individuals Covered by the System

All social security beneficiaries currently entitled to receive retirement, survivors, disability, and special minimum social security benefits; records for beneficiaries whose entitlement has been terminated because of a termination event as defined in the Social Security Act; and denied and disallowed cases.

b. Categories of Records in the System

1) THE MASTER BENEFICIARY DATA:

- a) contains data applicable to all beneficiaries maintained on the record within a particular account and reflects the social security number under which benefits are awarded, the primary insurance amount (insured) or quarters of coverage required and earned (uninsured);
- b) provides information regarding benefit computation, insured status, use of railroad or military credits, and information for statistical and control purposes;
- c) contains the effective date of onset of disability for disability cases or date and proof of death for death cases;
- d) contains information pertinent to all beneficiaries receiving payment on the record and the name and address (including Zip Code) of the payee, the servicing social security district office code and the amount of the monthly check payable;
- e) reflects any special status of a payment being made;
- f) contains statistical and identifying information for each individual on the record such as the beneficiary subscript, beneficiary name, date of birth, date of entitlement, sex, race, and benefit payment status;
- g) contains information for those beneficiaries enrolled in the health or supplemental medical insurance provision of the Social Security Act;
- h) contains information relating to annual reports of earnings, representative payee data, and cross-reference data pertinent to any other account on which the beneficiary may be entitled to benefits; and
- i) a chronological sequence of payment history for each beneficiary.

2) THE RECORDS MAY BE IN THE FOLLOWING FORM:

- a) Master Beneficiary Record Computer File;
- b) Online Data Base (Query and Response);
- c) Various Microfilm Files as follows: Master File—a master record in social security number order, Alpha File—an alphabetic list of beneficiaries, Transaction File—monthly supplement (accretions, deletions, and changes) to the master file, in social security number order, Off-line Query and Response, Treasury Payment Tape Files and Related Transaction Files, and Returned and Cancelled Check Files, and payment reference listing, Various One-Time Work Tape Files used in computer sorting of records and in sub-systems processing of the master beneficiary record. After use they are returned to stock.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient social security office.

When requesting notification, an individual should furnish his or her social security claim number (social security number plus alphabetic symbols), name, address, and proper identification.

33. SOCIAL SECURITY ADMINISTRATION CLAIMS CONTROL SYSTEM HHS SSA OURV 09-60-0091

a. Categories of Individuals Covered by the System

A control record is established when a claim(s) for Retirement, Survivors, Disability, and/or Health Insurance Benefits is filed on a particular social security number (SSN). Only one record is established for each social security number even though more than one claim may be filed simultaneously—e.g., claims for the wage earner, his wife, and children on one social security number.

b. Categories of Records in the System

The record content is:

- 1) social security number and wage earner's name;
- 2) the date the application was filed—for a few cases it is not included because it is not known when the record is established;
- 3) the type of action—i.e., Retirement, Survivors, Disability, and/or Health Insurance Benefits;
- 4) the potential month of entitlement—for monthly benefits this will be the first month for which benefits may be paid;
- 5) the code for the district office that processed the application;
- 6) the district office that released the claim to the State agency or program center;
- 7) the present location of the claim;
- 8) the date the claim was released by one office and received by another.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient social security office and providing his or her social security claim number (social security number plus alphabetic symbols), name, address and proper identification.

34. AUTOMATED CONTROL SYSTEM FOR CASE FOLDERS HHS SSA OURV 09-60-0092

a. Categories of Individuals Covered by the System

All claimants who have a social security number, have filed a claim under titles II, Retirement, Survivors, and Disability insurance; XVI, Supplemental Security Income, and XVIII, Health Insurance, of the Social Security Act, and whose claims have been processed through to a decision of award, disallowance, withdrawal, or termination or such claims that are in the adjudication process for reaching the aforementioned decisions.

b. Categories of Record in the System

A control record by social security number containing data relative to the location of the claim serviced by one of the offices maintaining jurisdictional responsibility, and whether the claims folder is maintained in that office, temporarily or permanently transferred to another office within the Social Security Administration, a State disability, or a vocational rehabilitation agency, or for storage in a Federal Records Center.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by following the instructions below:

If the records relate to a retirement or survivors claims, the individual should contact the appropriate program service center.

If the individual named in the record resides outside the United States, or any of its possessions, or if the requested information relates to a foreign claim, the individual should write to the Office of International Policy, Social Security Administration, P.O. Box 1756, 6401 Security Boulevard, Baltimore, Maryland 21235.

Requests for other information should be forwarded to the Office of User Requirements and Validation at the address shown above under system manager.

35. RECOVERY ACCOUNTING FOR OVERPAYMENTS HHS SSA OURV 09-60-0094

a. Categories of Individuals Covered by the System

All social security beneficiaries who received an overpayment of benefits. All persons holding conserved (accumulated) funds received on behalf of a social security beneficiary. All persons who received social security payments on behalf of a beneficiary and were found to have misused those payments.

b. Categories of Records in the System

Identifying characteristics of each overpayment or instance of misused or conserved funds. Name and address, of the individual(s) involved. Recovery efforts made and the date of each action. Planned future actions.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient social security office or the appropriate program service center.

When requesting notification, an individual should provide his or her name, social security number, address or other information which will assist in locating the requested materials (e.g., data about a prior or current overpayment), and reference this system of records.

**36. HEALTH INSURANCE OVERPAYMENT LEDGER
CARDS HHS SSA OURV 09-60-0095**

a. Categories of Individuals Covered by the System

All social security health and supplemental medical insurance enrollees who received incorrect medicare payments or services, who are determined liable, and against whom it is not possible to adjust subsequent Part A (Hospital) or Part B (Supplementary Medical) benefits.

b. Categories of Records in the System

A clerical record of each overpaid medicare benefit, name and address of the individual(s) involved. Recovery efforts made and the date of each action. Planned future actions.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by following the following procedures:

If the requested records relate to a retirement or survivors claim, the individual should contact the appropriate social security program service center (based on social security number).

If the individual named in the record resides outside the United States or its possessions, contact should be made to the Office of International Policy.

If the requested records relate to a disability claim, the individual should write to:

Office of Disability Operations
6401 Security Boulevard
Baltimore, Maryland 21235

When requesting notification, an individual should provide his or her name, social security number, and reference this system of records.

**37. CONTROL SYSTEM FOR DELAYED, CRITICAL, OR
SENSITIVE CASE INQUIRIES HHS SSA OURV 09-60-
0096**

a. Categories of Individuals Covered by the System

Social security beneficiaries or persons inquiring on their behalf who are reporting failure to receive a check or checks which they believe are due or are inquiring about other matters which have been determined to be of a critical or sensitive nature (e.g., failure to receive a check).

b. Categories of Records in the System

The name and social security number of the individual and identifying information about the source of the inquiry (e.g., the individual, Congressman, authorized representatives), the problem involved, and its subsequent resolution.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the most convenient social security office and providing his or her name, social security number, return address, and telephone number.

**38. PROGRAM INTEGRITY CASE FILES HHS SSA OA 09-
60-0097**

a. Categories of Individuals Covered by the System

Persons suspected of violating Federal law affecting the administration of programs under the responsibility of the Social Security Administration, including those against whom civil recovery action is being considered or pursued.

b. Categories of Records in the System

Information maintained in each record includes the identity of the suspect, the nature of the alleged offense, documentation of the investigation into the alleged offense, and the disposition of the case by the Social Security Administration or the United States Attorney.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by providing his or her name, social security number, any social security number on which he or she has filed for, or received benefits, the type of such claim, and current claim status to:

Director, Division of Program Integrity
Office of Security and Program Integrity
Office of Assessment
6401 Security Boulevard
Baltimore, Maryland 21235

Program Integrity files are part of an exempt system of records. Therefore, access by an individual can be denied. To the extent an individual can be granted access, he/she shall, at the time the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse effect on him or her. If the responsible SSA official is unable to make a determination, or makes the determination that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent. A parent or guardian who requests notification of, or access to, a minor's medical record shall at the time he or she makes the request designate a physician or other health professional (other than a family member) who will be willing to review the record and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

**39. FEE LEDGER SYSTEM FOR REPRESENTATIVES HHS
SSA OIP 09-60-0102**

a. Categories of Individuals Covered by the System

Attorneys and nonattorney representatives of claimants before the Social Security Administration.

b. Categories of Records in the System

Name and address of representative, firm affiliation, if any, claimant's social security number, fee requested by representative, amount of fee approved by the Social Security Administration, amount withheld from claimant's past-due benefits, date the fee was approved, type of services rendered, reviewing and approving offices.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the appropriate system manager at the address shown below. When the appropriate system manager cannot be identified the individual may contact the Director, Office of Insurance Programs, at the address shown below.

Director, Office of Insurance Programs
6401 Security Boulevard
Baltimore, Maryland 21235

(For all claims where a fee petition was processed through November 1978 involving retirement, survivors, disability, and supplemental security for the aged)

Director, Office of Disability Operations
6401 Security Boulevard
Baltimore, Maryland 21241

(For all claims involving disability benefits, Black Lung and supplemental security income for the blind and disabled)

Director, Office of Hearings and Appeals
801 North Randolph Street
Arlington, Virginia 22203

(For all claims that involve a hearing for disability, retirement, survivors benefits, health insurance, Black Lung, or supplemental security income)

All requests for information should include the representative's name, address, type of claim, date the fee was approved, and the social security number under which the claim was filed.

**40. SUPPLEMENTAL SECURITY INCOME RECORD HHS
SSA OURV 09-60-0103**

a. Categories of Individuals Covered by the System

This file contains a record for each individual who has applied for supplemental security income (SSI) payments including individuals who have requested an advance payment, and SSI recipients who have been overpaid and for each essential person associated with an SSI recipient.

b. Categories of Records in the System

This file contains data regarding SSI eligibility, citizenship, residence, Medicaid eligibility, eligibility for other benefits, alcoholism or drug addiction data, if applicable (disclosure of this information may be restricted by 21 U.S.C. 1175 and 42 U.S.C.), income data, resources, payment amounts, including overpayment amounts, and date and amount of advance payments, living arrangements, case folder location data, appellate decisions, if applicable, social security numbers used to identify a particular individual, and a history of changes to any of the preceding categories for all persons who have applied for SSI payments.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to or visiting the most convenient social security district or branch office.

An individual who requests notification of, or access to, a medical record shall, at the time he or she makes the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse effect on him or her. If the responsible SSA official is unable to make a determination, or makes the determination that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent. A parent or guardian who requests notification of, or access to, a minor's medical record shall at the time he or she makes the request designate a physician or other health professional (other than a family member) who will be willing to review the record and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

**41. SUPPLEMENTAL SECURITY INCOME FILE OF
REFUNDS HHS SSA OURV 09-60-0110**

a. Categories of Individuals Covered by the System

This file contains refund records for any aged, blind, or disabled individual who was overpaid or not entitled.

b. Categories of Records in the System

This file contains information about refunds sent in by persons who were overpaid or not entitled to supplemental security income payments they received. Specific information is name of individual, social security number, date of refund, and amount of refund.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by providing his or her name, social security number, pertinent information about his or her case, and the name of this system to the system manager at the address shown below:

Director
Office of User Requirement and Validation
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

**42. DEBIT VOUCHER (SUPPLEMENTAL SECURITY
INCOME) HHS SSA OURV 09-60-0111**

a. Categories of Individuals Covered by the System

The file contains a record for aged, blind, or disabled individuals who have negotiated two checks for the same month incorrectly.

b. Categories of Records in the System

The SF-1081, Voucher and Schedule of Withdrawals and Credits, is sent to the Office of Management, Budget, and Personnel from the Department of Treasury billing

the Social Security Administration for additional monies expended on their behalf. It contains the identification of the individual, name and social security number, and amount of money involved.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by providing his or her name, social security number, pertinent information about his or her case, and the name of this system to the system manager at the address shown below:

Director
Office of User Requirement and Validation
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

43. HEARING OFFICE MASTER CALENDAR HHS SSA OHA 09-60-0184

a. Categories of Individuals Covered by the System

Claimants—Titles II, IX, XVI, XVIII, and Black Lung.

b. Categories of Records in the System

A list of all cases pending in the hearing office.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by providing his or her name and social security number to the following address.

Social Security Administration
Office of Hearing and Appeals
801 North Randolph Street
Arlington, Virginia 22203

44. LITIGATION MASTER RECORD FILE HHS SSA OR 09-60-0186

a. Categories of Individuals Covered by the System

Individuals who are involved, as plaintiffs or defendants, in civil litigation, concerning one or more of the programs administered by SSA.

b. Categories of Records in the System

Complaints filed by individuals against the Secretary, HHS. Court orders and decisions regarding cases in litigation. Related litigation materials.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide his or her name, and for verification purposes, social security number, address, date of birth, and sex. Furnishing the social security number is voluntary, but it will make searching for an individual's record easier and avoid delay.

Director
Office of Regulations
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

45. REPATRIATE RECORDS SYSTEM HHS SSA OFA 09-60-0206

a. Categories of Individuals Covered by the System

U.S. Citizens and their dependents returned from foreign countries by the Department of State because of mental or physical illness, destitution, war, threat of war or international crisis.

b. Categories of Records in the System

Identifying data such as name, date and place of birth, social security number, resources, employment, eligibility for other Federal, State, or local programs and related data. Other categories include State and regional reports, correspondence and accounting data, fund accounting data, educational data, and employment records and skills, financial reports, military service and civil and/or criminal records.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below.

Chief, U.S. Repatriate Program
Special Programs Staff, OFA/SSA/HHS
Donohoe Building, Room 1125
330 Independence Avenue, S.W.
Washington, D.C. 20201

46. PROGRAM INTEGRITY CASE CONTROL SYSTEM HHS SSA OA 09-60-0208

a. Categories of Individuals Covered by the System

All individuals suspected of criminal violations involving the supplemental security income program.

b. Categories of Records in the System

Information about the supplemental security income recipient, supplemental security income suspect, program integrity case development and information about the violation aspects of the case. Sections 1631(D)(2) and 1632 of the Social Security Act and 18 U.S.C.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide his or her name, social security number, or card identification number as identifying information.

Director, Division of Program Integrity
Office of Assessment
6401 Security Boulevard
Baltimore, Maryland 21235

E. Personnel Systems Notice Extracts

1. LISTING AND ALPHABETICAL NAME FILE (FOLDER) OF VOCATIONAL EXPERTS, MEDICAL ADVISORS, AND MEDICAL CONSULTANTS HHS SSA OHA 09-60-0012

a. Categories of Individuals Covered by the System

Individuals under contract to provide expert or consultative service to the Office of Hearings and Appeals.

b. Categories of Records in the System

A list of all Vocational Experts and Medical Advisors under contract, who are within the area serviced by the hearing office, and their usage. A list of all Medical Consultants under contract for services in Central Office. In addition, a folder is kept for each expert containing name, social security number, a copy of the contract, qualifications, travel orders, invoices, and correspondence and other written records concerning usage as an expert, including evaluation or services.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by visiting the system manager at the following address:

Associate Commissioner
Office of Hearings and Appeals
Room 402
3833 North Fairfax Drive
Arlington, Virginia 22203

An individual can also write either to the hearing office or to the following address:

Social Security Administration
Office of Hearings and Appeals
P.O. Box 2518
Washington, D.C. 20013

When requesting notification, an individual should provide his or her name, social security number, date of birth, and type of contract services.

2. RECORDS OF USAGE OF MEDICAL ADVISORS AND MEDICAL CONSULTANTS HHS SSA OHA 09-60-0013**a. Categories of Individuals Covered by the System**

Medical Advisors and Medical Consultants.

b. Categories of Records in the System

Records contain information about the usage of medical advisors and medical consultants such as the occasions on which each medical advisor or medical consultant supplied advice or services to the administrative law judges or the Appeals Council, respectively, amount of time involved, fees paid, and types of cases.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by visiting the system location at the following address:

Office of Hearings and Appeals
Room 402
3833 North Fairfax Drive
Arlington, Virginia 22203

Or an individual can write to the following address:

Social Security Administration
Office of Hearings and Appeals
P.O. Box 2518
Washington, D.C. 20013

When requesting notification, an individual should provide his or her name, social security number, and whether he or she is a medical advisor or medical consultant. Providing the social security number would be useful, but is not necessary.

3. CURRICULUM VITAE AND PROFESSIONAL QUALIFICATIONS OF MEDICAL OFFICERS, MEDICAL ADVISORS AND MEDICAL CONSULTANTS AND RESUME OF VOCATIONAL EXPERTS HHS SSA OHA 09-60-0014**a. Categories of Individuals Covered by the System**

Medical Officers, Medical Consultants, Vocational Experts and Medical Advisors.

b. Categories of Records in the System

Curriculum vitae and professional qualifications.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by visiting the system location at:

Office of Hearings and Appeals
Room 402
3833 North Fairfax Drive
Arlington, Virginia 22203

Or an individual can write to either the appropriate hearing office or to the following address:

Social Security Administration
Office of Hearings and Appeals
P.O. Box 2518
Washington, D.C. 20013

When requesting notification, an individual should provide his or her name, social security number, and indicate whether he or she is a medical officer, medical advisor, medical consultant, or vocational expert. Providing the social security number would be useful, but is not mandatory.

4. LIST OF PHYSICIANS UTILIZED AS READERS OF BLACK LUNG X-RAY FILMS HHS SSA OHA 09-60-0015**a. Categories of Individuals Covered by the System**

Physicians under contract utilized by OHA for x-ray reading in black lung cases.

b. Categories of Records in the System

Copy of contract, professional qualifications and curriculum vitae of the physician.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting in writing or in person the appropriate hearing office of writing to the following address:

Social Security Administration
Office of Hearings and Appeals
P.O. Box 2518
Washington, D.C. 20013

When requesting notification, an individual should provide his or her name and social security number. Although the social security number is not mandatory, it would be useful in locating possible records in this system.

5. PERSONNEL RESEARCH AND MERIT PROMOTION TEST RECORDS HHS SSA OMBP 09-60-0017**a. Categories of Individuals Covered by the System**

SSA employees.

b. Categories of Records in the System

These records include tests, test scores, responses to test items and questionnaires, interview data, and special ratings of employees obtained in test validation and other research.

c. Notification Procedure

When requesting notification of or access to records in this system, individuals should write to the Director, Division of Research, OMPB, and provide their name, the name of this system, identifier where required, and place of SSA employment or former employment.

6. EMPLOYEE HOUSING REQUEST FILES HHS SSA OMBP 09-60-0030**a. Categories of Individuals Covered by the System**

SSA employees who have requested housing counseling services.

b. Categories of Records in the System

This system of records contains the employee's name, home address, position, grade, work location, work telephone number, housing assistance requested and assistance given.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below. When requesting notification, an individual should provide his or her name, clerk number or other identifier, and place of SSA employment or former employment.

Director, Office of Human Resources
6401 Security Boulevard
Baltimore, Maryland 21235

7. EMPLOYEE PRODUCTION AND ACCURACY RECORDS HHS SSA OMBP 09-60-0031**a. Categories of Individuals Covered by the System**

Current employees of SSA.

b. Categories of Records in the System

Work measurement records with the following items: employee name, grade, organization unit and shift, social security number, clerk number, Supervisor's name, production data (monthly, weekly, daily), accuracy data, backlog information, error ratio, processing time data, operating and production control codes, leave usage.

c. Notification Procedure

An individual can request notification of or access to records in this system by contacting his or her immediate supervisor and providing information necessary to identify the record being sought.

8. DEBTORS, CREDIT COUNSELING AND CONSUMER PROTECTION HHS SSA OMBP 09-60-0032**a. Categories of Individuals Covered by the System**

Employees of SSA headquarters who request services or employees about whom the Administration receives written inquiries because of employees' alleged delinquency in paying taxes and just debts.

b. Categories of records in the System

Form SSA-3048

Employee's name

Social Security Number

Telephone extension

Office, branch

Grade

Area of service

Nature of request including personal information as to finances that the employee voluntarily provides

Disposition, including employee's stated intentions

Record of letters or tax forms sent as replies and referrals made to community organizations

Copies of letters from employees to consumer agencies

Letters from creditors or their representatives and copies of our replies

Copies of tax levies against employees.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Director
Division of Personnel Operations
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

When requesting notification, an individual should provide his or her name.

9. REQUEST FOR REVIEW OF PROPOSED CONTRACTS WITH EXPERTS AND CONSULTANTS HHS SSA OMBP 09-60-0033**a. Categories of Individuals Covered by the System**

Individuals for whom personal service contracts are proposed.

b. Categories of Records in the System

Form HEW 393-OP Purchase, Service, Stock Requisition and related correspondence concerning review by the Office of Human Resources in order to determine whether services should be obtained by the appoint or by the procurement method. Record may contain individual's name, education, work experience and qualifications, social security number, and date of birth.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the following address:

Director
Division of Personnel Policy, Data, and Research
6401 Security Boulevard
Baltimore, Maryland 21235

10. GENERAL CRIMINAL INVESTIGATION FILES HHS SSA OMBP 09-60-0037**a. Categories of Individuals Covered by the System**

Reported violators of Federal and State criminal laws on SSA property.

b. Categories of Records in the System

Investigative efforts to resolve reported crimes and evidence obtained for judicial prosecution.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by sending a request in writing to the System Manager at the address shown below. The request should contain his or her full name, date of birth, as well as work location in the Social Security ministration.

Chief
Protective Security Branch
Office of Management, Budget and Personnel
6401 Security Boulevard
Baltimore, Maryland 21235

11. EMPLOYEE IDENTIFICATION CARD FILES (BUILDING PASSES) HHS SSA OMBP 09-60-0038**a. Categories of Individuals Covered by the System**

All social security employees. Non-social security employees who require continuous access to buildings (e.g., employees of vendors and contractors).

b. Categories of Records in the System

Name, social security number, office location, office telephone number, color code for type of pass and agency or firm name.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the following address:

Chief
Facilities Branch
Office of Management, Budget and Personnel
6401 Security Boulevard
Baltimore, Maryland 21235

For replacement card, individual is required to fill out Social Security Form 1860, Request for Photopass.

12. CONSULTATIVE PHYSICIAN FILE HHS SSA ODP 09-60-0046**a. Categories of Individuals Covered by the System**

Physicians who have expressed a willingness to conduct consultative examinations for the DDS and, in some instances, other physicians with whom the DDS has contact. The latter are usually treating physicians.

b. Categories of Records in the System

Information relative to a physician's specialty, past experience with him as to the promptness with which he submits reports, general thoroughness of his reports, etc., as well as perhaps comments on the physician's own preferences (such as appointment hours, etc.).

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing:

Disability Determination Services Administrator
Disability Determination Services
C/O State in which the individual resides and/or information is likely to be maintained

13. RESOURCE ACCOUNTING SYSTEM HHS SSA OS 09-60-0063**a. Categories of Individuals Covered by the System**

All employees of the Office of Systems.

b. Categories of Records in the System

Office of Systems personnel and machine resource expenditures by work effort. Captured by use of clerk number to identify employee time and by information contained in computer run card to identify machine time. Time is associated to Office of Systems work efforts by a project/service request/task number structure. Data captured relating to work efforts includes: description of work, planned, authorized and obligated resources, responsible organizational component and development manager, user(s), priority, and start and target dates.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by providing his or her name and clerk number to:

Chief
Resource Accounting Branch
Division of Strategic Planning and Integration
Office of Management Budget and Personnel
6401 Security Boulevard
Baltimore, Maryland 21235

14. RECORD OF INDIVIDUALS AUTHORIZED ENTRY TO SECURED ELECTRONIC DATA PROCESSING (EDP) AREA HHS SSA OMBP 09-60-0210**a. Categories of Individuals Covered by the System**

Those individuals with a legitimate need who are authorized entry to the secured EDP area.

b. Categories of Records in the System

This system contains the name, badge number, identity of employer, access level, a unique five-digit identifying number, and a nine-digit number which is either the social security number or driver's license number for each individual authorized to enter the secured EDP area.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide his or her social security number, name, signature, or other personal identification and refer to this system.

Associate Commissioner
Office of Management, Budget, and Personnel
6401 Security Boulevard
Baltimore, Maryland 21235

15. PERSONAL IDENTIFICATION NUMBER FILE (PIN FILE) HHS SSA OA 09-60-0214**a. Categories of Individuals Covered by the System**

Social Security Administration (SSA) employees, some Disability Determination Services (DDS) employees, and Health Care Financing Administration (HCFA) employees.

b. Categories of Records in the System

Timekeeper number, name of employee (first 3 letters of last name), social security number, personal identification number for validation purposes, and function code.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system

manager at the address shown below and provide his or her personal identification number, and a description of the records he or she seeks.

SSA Systems Security Officer
Social Security Administration
6401 Security Boulevard
Room 1-Q-25 Operations Building
Baltimore, Maryland 21235

F. Statistical System Notice Extracts

1. CRITICAL CASE PROCESSING TIME HHS SSA OCO 09-60-0047

a. Categories of Individuals Covered by the System

Social security disability beneficiaries or claimants whose application for disability benefits is pending.

b. Categories of Records in the System

Social security numbers of claimants and dates requests were received and processed.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below and furnishing his or her name, social security number, approximate date and place claim was filed, type of claim (disability, black lung, or supplemental security income), and return address.

Associate Commissioner
Office of Central Operations
Baltimore, Maryland 21241

2. DISABILITY DATA RECORD HHS SSA OCO 09-60-0049

a. Categories of Individuals Covered by the System

Social security disability beneficiaries or claimants whose application for a disability benefit has been allowed or denied.

b. Categories of Records in the System

Social security numbers of the claimant and other demographic and statistical information relating to the disability decision.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below and furnishing his or her name, social security number, approximate date and place claim was filed, type of claim (disability, black lung, or supplemental security income), and return address.

Associate Commissioner
Office of Central Operations
Baltimore, Maryland 21241

An individual who requests notification of, or access to, a medical record shall, at the time he or she makes the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse effect on him or her. If the responsible SSA official is unable to make a determination, or makes the determina-

tion that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent. A parent or guardian who requests notification of or access to a minor's medical record shall at the time he or she makes the request designate a physician or other health professional (other than a family member) who will be willing to review the record and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

3. ADMINISTRATIVE DISALLOWANCE RECORDS FOR TECHNICAL DENIALS HHS SSA OCO 09-60-0051

a. Categories of Individuals Covered by the System

Any disability applicant whose claim has been disallowed for technical reasons, generally for failure to meet the insured status provisions at any time.

b. Categories of Records in the System

The name and social security number of the claimant together with other pertinent data such as district office code, disallowance code, date claim filed, disallowance notice number and date processed.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below:

Associate Commissioner
Office of Central Operations
Baltimore, Maryland 21235

When requesting notification or access to a record in this system an individual should furnish his or her name, social security number, approximate date and place claim was filed, type of claim (disability, Black Lung, or supplemental security income), and return address.

4. VOCATIONAL REHABILITATION SAVINGS CALCULATION HHS SSA ODP 09-60-0056

a. Categories of Individuals Covered by the System

Disability beneficiaries reported by State vocational rehabilitation agency as no longer receiving vocational rehabilitation service.

b. Categories of Records in the System

The name and social security number of the beneficiary and identifying information about the notice of disclosure, the date of termination or reduction in benefits, if any, amount of benefit, amount of savings and other miscellaneous data.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by contacting the system manager at the address shown below and furnishing his or her name, social security number, approximate date and place claim was filed, type of claim (disability or supplemental security income), and return address.

Director
Office of Disability Programs
Baltimore, Maryland 21241

5. QUALITY EVALUATION DATA RECORDS HHS SSA OA 09-60-0057**a. Categories of Individuals Covered by the System**

Individuals who have filed application for social security disability benefits and/or supplemental security income benefits.

b. Categories of Records in the System

Social security numbers of claimants, demographic diagnostic, and other types of data generated as a result of a review of the State actions on the claim.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below and furnishing his or her social security number, name, approximate date and place claim was filed, type of claim (disability or supplemental security income), and address.

Director
Office of Adjudication Process Quality
Dickinson Tower Building
1500 Woodlawn Drive
Baltimore, Maryland 21241

An individual who requests notification of, or access to, a medical record shall, at the time he or she makes the request, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. However, SSA will grant direct access to a subject individual if the responsible SSA official determines that direct access is not likely to have an adverse effect on him or her. If the responsible SSA official is unable to make a determination, or makes the determination that some harm may occur to an individual, the official will send the record to the designated representative and inform the subject individual in writing that the records have been sent. A parent or guardian who requests notification of or access to a minor's medical record shall at the time he or she makes the request designate a physician or other health professional (other than a family member) who will be willing to review the record and inform the parent or guardian of its contents at the physician's or health professional's discretion. These procedures are in accordance with DHHS Regulations 45 CFR, Section 5b.

6. AGE AT FIRST PAYMENT OF RETIREMENT INSURANCE BENEFIT HHS SSA OP 09-60-0117**a. Categories of Individuals Covered by the System**

Recently entitled retirement insurance beneficiaries.

b. Categories of Records in the System

Payment history and demographic information.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below and providing his or her claim account number.

Deputy Chief Actuary, Short-Range Estimates
Office of the Actuary
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

7. NON-CONTRIBUTORY MILITARY SERVICE REIMBURSEMENT SYSTEM HHS SSA OP 09-60-0118**a. Categories of Individuals Covered by the System**

A sample of beneficiaries who have non-contributory military service credits.

b. Categories of Records in the System

Covered earnings, benefit and payment status.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide his or her name and claim account number.

Deputy Chief Actuary, Short-Range Estimates
Social Security Administration
Office of the Actuary
6401 Security Boulevard
Baltimore, Maryland 21235

8. SPECIAL AGE 72 BENEFIT TRUST FUND TRANSFER PROJECT HHS SSA OP 09-60-0119**a. Categories of Individuals Covered by the System**

Includes all individuals entitled under the Prouty amendments.

b. Categories of Records in the System

Benefit entitlement, demographic information, and earnings records.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by providing his or her claim account number to the system manager at the address shown below.

Deputy Chief Actuary, Short-Range Estimates
Social Security Administration
Office of the Actuary
6401 Security Boulevard
Baltimore, Maryland 21235

9. RETIREMENT SURVIVORS AND DISABILITY INSURANCE CLAIMS STUDY HHS SSA OA 09-60-0128**a. Categories of Individuals Covered by the System**

National stratified probability sample of individuals allowed or denied benefits, as well as those awarded lump sum death benefits, beginning November 1964 for retirement and survivors claims, May 1966 for disability claims.

b. Categories of Records in the System

Demographic characteristics of beneficiary, description of allegations, evidence and findings, and case control data.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system, social security number, and, for verification purposes, name (woman's maiden name, if applicable), address, date of birth and sex, and to ascertain whether the individual's record is in this system, the month and year in which the individual was allowed or denied benefits (retirement or disability).

Director
Division of Program Measurement and Evaluation
Social Security Administration
6300 Security Boulevard
Baltimore, Md. 21235

**10. ADJUDICATION OF SUPPLEMENTAL SECURITY
INCOME CLAIMS STUDY HHS SSA OA 09-60-0126**

a. Categories of Individuals Covered by the System

National stratified probability sample of individuals allowed or denied supplemental security income benefits since January 1975.

b. Categories of Records in the System

Demographic characteristics of the beneficiary, description of allegations, evidence and findings and case control data.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system, social security number, and, for verification purposes, name (woman's maiden name, if applicable), address, date of birth and sex, and to ascertain whether the individual's record is in this system, the month and year in which the individual was allowed or denied supplemental security income payments.

Director
Office of Assessment
Division of Program Measurement and Evaluation
Social Security Administration
6401 Security Boulevard
Room 3222 Annex Building
Baltimore, Maryland 21235

**11. MATCHES OF INTERNAL REVENUE SERVICE AND
SOCIAL SECURITY ADMINISTRATION DATA WITH
CENSUS SURVEY DATA (JOINT SOCIAL SECURITY
ADMINISTRATION/CENSUS STATISTICS
DEVELOPMENT PROJECT) HHS SSA OP 09-60-0148**

a. Categories of Individuals Covered by the System

Samples of United States civilian population and those Armed Forces personnel residing with their families as of March 1973, 1975, 1976 and subsequent periods to be determined.

b. Categories of Records in the System

Basic demographic characteristics from Census survey-labor force, work experience and income items from the survey; Social Security Administration earnings and benefit return information; selected Internal Revenue Service tax return items.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

**12. MATCHES OF INTERNAL REVENUE SERVICE AND
SOCIAL SECURITY ADMINISTRATION DATA (JOINT
SOCIAL SECURITY ADMINISTRATION/TREASURY
DEPARTMENT STATISTICS DEVELOPMENT
PROJECT) HHS SSA OP 09-60-0149**

a. Categories of Individuals Covered by the System

Samples of persons filing Federal Income Tax returns for 1970, 1972, 1975, and selected subsequent years.

b. Categories of Records in the System

Social Security Administration demographic data; Social Security Administration earnings and benefit record information; tax return data.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

**13. CONTINUOUS WORK HISTORY SAMPLE
(STATISTICS) HHS SSA OP 09-60-0159**

a. Categories of Individuals Covered by the System

A sample of persons with social security numbers issued through the cutoff date of the file. Included are those working for the Federal government and those covered by the Railroad Retirement Act, as well as those covered under social security.

b. Categories of Records in the System

Demographic characteristics; employer information; type of work information; earnings information; self-employment information; insured status information; benefit status; geography information (residence).

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system, his or her social security number, and, for verification purposes, name (woman's maiden name, if applicable), address, date of birth and sex, and to ascertain whether his or her record is in this system, years during which covered earnings were reported and years of self-employment, if any.

Director, Office of Research and Statistics
Social Security Administration, Room 1121
1875 Connecticut Avenue, NW
Washington, D.C. 20009

**14. MATCHES OF SOCIAL SECURITY ADMINISTRATION,
DEPARTMENT OF DEFENSE AND VETERANS
ADMINISTRATION DATA RELATING EARNINGS
HISTORY TO ARMED FORCES TRAINING
EXPERIENCE (STATISTICS) HHS SSA OP 09-60-0183**

a. Categories of Individuals Covered by the System

Samples of enlisted men who separated from active duty during fiscal 1969 after having satisfactorily completed one term of service.

b. Categories of Records in the System

Social Security Administration earnings information, selected Department of Defense socio-demographic and post-service data, and limited Veterans Administration program participation information.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system, his or her name and social security number. Also to verify identity, an individual should provide address and date of birth.

Director
Office Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

**15. DISABILITY STUDIES SURVEY RECORDS
(STATISTICS) HHS SSA OP 09-60-0196**

a. Categories of Individuals Covered by the System

Sample groups of adults who are current or potential recipients of social security disability payments.

b. Categories of Records in the System

Socio-economic, demographic, medical and disability characteristics, attitudes, earnings and employment history, benefits, and use of medical and rehabilitative services.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

**16. DISABILITY STUDIES RECORDS AND EXTRACTS
(STATISTICS) HHS SSA OP 09-60-0197**

a. Categories of Individuals Covered by the System

Samples of applicants for and recipients of disability benefits, including specifically selected subsets of each category, also applicants/participants in State vocational rehabilitation programs.

b. Categories of Records in the System

Socio-economic, demographic, medical and disability characteristics, earnings, employment history, benefits, and use of medical and rehabilitative services.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

**17. EXTRAMURAL RESEARCH ADMINISTRATIVE FILE
HHS SSA OP 09-60-0198**

a. Categories of Individuals Covered by the System

Personnel described in research project proposals submitted for grant or contract consideration.

b. Categories of Records in the System

Professional qualification and other relevant information about project personnel. Direct and indirect information on individual salaries may be included.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide his or her name, project title and number, and name of contractor or grantee organization.

Director
Office of Research and Statistics
Social Security Administration
Universal North Bldg./Rm. 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

**18. EXTRAMURAL SURVEYS (STATISTICS) HHS SSA OP
09-60-0199**

a. Categories of Individuals Covered by the System

Samples of individuals who are current or potential recipients of benefits from social security and related programs; personnel administering SSA and related programs.

b. Categories of Records in the System

Socio-economic, demographic, medical and disability characteristics; attitudes concerning subjects such as

health, work experience, and family relationships; earnings and employment history, benefits, use of medical and rehabilitative services.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

19. RETIREMENT AND SURVIVORS STUDIES SURVEY RECORDS (STATISTICS) HHS SSA OP 09-60-0200

a. Categories of Individuals Covered by the System

Sample groups of adults or children who are current, past or potential recipients of social security payments, or pension or survivor benefits from public or private sources.

b. Categories of Records in the System

Socio-economic, demographic, medical insurance, welfare, earnings employment, benefits, and attitudes.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

20. RETIREMENT AND SURVIVORS STUDIES RECORDS AND EXTRACTS (STATISTICS) HHS SSA OP 09-60-0201

a. Categories of Individuals Covered by the System

Sample groups of adults or children who are current, past, or potential recipients of social security payments, or pension or survivor benefits from public or private sources.

b. Categories of Records in the System

Socio-economic, demographic, medical insurance, welfare earnings, employment, benefits.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of

this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

21. OLD AGE, SURVIVORS AND DISABILITY BENEFICIARY AND WORKER RECORDS AND EXTRACTS (STATISTICS) HHS SSA OP 09-60-0202

a. Categories of Individuals Covered by the System

Groups of applicants for and recipients of social security old age, survivors, disability, and black lung benefits; persons with taxable earnings; persons issued social security numbers. Most files are samples of selected subgroups.

b. Categories of Records in the System

Socio-economic, demographic, medical and disability characteristics, earnings, employment history, benefits, and use of medical and rehabilitative services.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

22. SUPPLEMENTAL SECURITY INCOME (SSI) STUDIES SURVEY RECORDS (STATISTICS) HHS SSA OP 09-60-0203

a. Categories of Individuals Covered by the System

Sample groups of persons and families receiving or potentially eligible to receive welfare assistance under the SSI and related Federal/State welfare programs, including Aid to Families with Dependent Children, General Assistance, Emergency Assistance and Food Stamps; other persons or families, regardless of SSI or poverty status, for use within the same system of records for comparison purposes with persons or families in the above categories; Federal/State personnel responsible for the administration of SSI and related welfare programs.

b. Categories of Records in the System

Socio-economic, demographic, medical and disability characteristics, living conditions, attitudes, earnings and employment history, benefits, use of medical and rehabilitative services, participation on SSI and related Federal/State welfare programs.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

**23. SUPPLEMENTAL SECURITY INCOME (SSI) STUDIES
RECORDS AND EXTRACTS (STATISTICS) HHS SSA
OP 09-80-0204**

a. Categories of Individuals Covered by the System

Samples of applicants and recipients of benefits under the SSI program; samples of applicants and recipients of welfare assistance under related programs, including Aid to Families with Dependent Children (AFDC), General Assistance, Emergency Assistance and Food Stamps; specially selected subsets of applicants/recipients from the above programs.

b. Categories of Records in the System

Socio-economic, demographic, medical and disability characteristics; earnings, employment history, participation in and benefits received under the SSI and related welfare programs, and use of medical and rehabilitative services.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Also, to verify identity, he or she should provide name (woman's maiden name, if applicable), address, date of birth, and sex.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building/Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

**24. READERSHIP SURVEYS OF OFFICE OF RESEARCH
AND STATISTICS (ORS) PUBLICATIONS
(STATISTICS) HHS SSA OP 09-80-0209**

a. Categories of Individuals Covered by the System

Groups of readers and potential readers of ORS publications.

b. Categories of Records in the System

Type of access to publications, frequency, and extent of use, relevance of publications to job and professional interests, socio-economic and demographic characteristics, attitudes.

c. Notification Procedure

An individual can determine if this system contains a record pertaining to him or her by writing to the system manager at the address shown below. When requesting notification, an individual should provide the name of this system and his or her social security number (on a voluntary basis). Verification may be required in accordance with DHHS Regulations 45 CFR, Section 5b.

Director
Office of Research and Statistics
Social Security Administration
Universal North Building, Room 1121
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

**Exhibit 11 Directors, Division of Payment and
Eligibility Quality (DPEQ), Field Assessment Offices
(FAO)**

Boston

DHHS, SSA, FAO, DPEQ
P.O. Box 155
Boston, Massachusetts 02101
Service Area Includes: Connecticut, Massachusetts,
Rhode Island, Vermont, Maine, New Hampshire

New York

DHHS, SSA, FAO, DPEQ
P.O. Box A154
Peck Slip Station
New York, New York 10038
Service Area Includes: New York, New Jersey

Philadelphia

DHHS, SSA, FAO, DPEQ
P.O. Box 8269
Philadelphia, Pennsylvania 19101
Service Area Includes: Delaware, Pennsylvania, West
Virginia, District of Columbia, Maryland, Virginia

Atlanta

DHHS, SSA, FAO, DPEQ
Suite 2001
101 Marietta Street
Atlanta, Georgia 30323
Service Area Includes: Alabama, Mississippi, Georgia,
South Carolina, North Carolina, Kentucky, Tennessee,
Florida

Chicago

DHHS, SSA, FAO, DPEQ
175 West Jackson Street
Suite 1160
Chicago, Illinois 60604
Service Area Includes: Illinois, Indiana, Michigan, Ohio,
Wisconsin, Minnesota

Dallas

DHHS, SSA, FAO, DPEQ
1200 Main Tower
Room 2235
Dallas, Texas 75202
Service Area Includes: New Mexico, Texas, Oklahoma,
Arkansas, Louisiana

Kansas City

DHHS, SSA, FAO, DPEQ

P.O. Box 15568

Kansas City, Missouri 64106

Service Area Includes: Iowa, Kansas, Missouri, Nebraska

Denver

DHHS, SSA, FAO, DPEQ

Federal Office Building

P.O. Box 8839

1961 Stout Street

Denver, Colorado 80201

Service Area Includes: Colorado, South Dakota, Utah, Wyoming, Montana, North Dakota

San Francisco

DHHS, SSA, FAO, DPEQ

100 Van Ness Avenue

San Francisco, California 94102

Service Area Includes: California, Nevada, Arizona, Hawaii

Seattle

DHHS, SSA, FAO, DPEQ

Dexter Horton Bldg.

710 Second Avenue, Room 5

Seattle, Washington 98104

Service Area Includes: Alaska, Idaho, Oregon, Washington

Exhibit 12 Problem Case Units

CRIS Unit
Room 34-102
26 Federal Plaza
New York, New York 10007

Supplemental Security Income Operations Unit
P.O. Box 8269
3535 Market, Room 7400
Philadelphia, Pennsylvania 19101

Special Operations Staff
300 S. Wacker Drive
28th Floor
Chicago, Illinois 60606

6th Floor
14600 Detroit Avenue
Cleveland, Ohio 44107

Operational Quality Maintenance
P.O. Box 15648
601 East 12th Street, 10th Floor
Kansas City, Missouri 64106

Field Processing Unit
1100 Commerce Street
Room 9A-17
Dallas, Texas 75242

Special Operations Section
Drawer 3618 9th Floor
1961 Stout Street
Denver, Colorado 80294

Field Support Unit
Second Floor
620 Folsom Street
San Francisco, California 94107

915 Second Avenue
Room 2344, Federal Office Building
Seattle, Washington 98174

EXHIBIT 13—Pension Rights Information Notice

ERISA

PENSION RIGHTS INFORMATION

XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX

**SOCIAL
 SECURITY NUMBER:** XXX-XX-XXXX

NAME: X. X. XXXXXXXXXXXXXXXX

THE INFORMATION SHOWN BELOW REFERS TO DEFERRED VESTED PRIVATE PENSION RIGHTS WHICH A PARTICIPANT MAY HAVE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA). IT WAS REPORTED UNDER THE ABOVE LISTED NAME AND SOCIAL SECURITY NUMBER BY THE ADMINISTRATOR OF THE PENSION PLAN SHOWN BELOW.

IMPORTANT: THIS INFORMATION DOES NOT REFER TO THE INDIVIDUAL'S SOCIAL SECURITY EARNINGS RECORD OR SOCIAL SECURITY BENEFIT STATUS.

PLAN NAME: XXXXXXXXXXXXXXXXXXXX

PLAN NO: XX-XXXXXX-XXX

PLAN ADMINISTRATOR:

IDENTIFICATION NO. XX-XXXXXXX

XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX

TYPE OF ANNUITY	PAYMENT FREQUENCY	AMOUNT	UNITS OR SHARES	VALUE OF ACCOUNT	YEAR REPORTED
X	X	XXXXXXXXXX	XXXXX XXXXXXXXXXXX	XXXXXXXXXXXXX	XXXX

SEE ATTACHMENT FOR EXPLANATION OF DATA FURNISHED ABOVE.

PLEASE DIRECT ALL QUESTIONS ABOUT PENSION RIGHTS OR INFORMATION PROVIDED ON THIS FORM TO THE PLAN ADMINISTRATOR SHOWN ABOVE.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SOCIAL SECURITY ADMINISTRATION

1. THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 requires that the Social Security Administration maintain records of individuals having deferred vested rights within a pension plan(s). The Social Security Administration furnishes this information to these individuals upon request and automatically to social security claimants.

2. The data on the attached form was submitted to the Social Security Administration by the Administrator of the listed pension plan. It represents the only pension information maintained in our files for the participant under this pension plan.

EXPLANATION OF INFORMATION FURNISHED

TYPE OF ANNUITY.

The code listed describes the type of annuity that will be provided for the participant. The type of annuity shown is that which normally accrues and vests benefits under the plan at the time of the participant's separation from service covered by the plan.

- A A single sum
- B Annuity payable over fixed number of years
- C Life annuity
- D Life annuity with period certain
- E Cash refund life annuity
- F Modified cash refund life annuity
- G Joint and last survivor life annuity
- M Other

PAYMENT FREQUENCY.

The code listed describes the benefit payment frequency during a 12-month period.

- A Lump Sum
- B Annually
- C Semi-Annually
- D Quarterly
- E Monthly
- M Other

AMOUNT.

Defined Benefit Plans—The amount of periodic payment that will be made to the participant at normal retirement age.

UNITS OR SHARES.

Defined Contribution Plans—If the participant's share of the fund will be determined on the basis of units, the number of units credited will be shown.

If a determination is made on the basis of shares of stock of the employer, the number of shares will be shown together with the letter "S" to indicate shares.

VALUE OF ACCOUNT.

Defined Contribution Plans—The amount shown indicates the value of the account at the time of separation.

YEAR REPORTED TO SSA.

THIS IS THE ACTUAL YEAR THAT THE PLAN ADMINISTRATOR SUBMITTED THIS INFORMATION. HOWEVER, CHANGES IN ANY PRIVATE PENSION RIGHTS MAY HAVE OCCURRED AFTER THIS INFORMATION WAS RECEIVED. THEREFORE, THE NET AND/OR AMOUNT OF MONEY MAY DIFFER FROM THAT SHOWN IN THE ATTACHED FORM.

**Exhibit 14 IRS Form 5500, Schedule SSA, Annual
Registration Statement Identifying Separate
Participants with Deferred Vested Benefits**

**SCHEDULE SSA
(Form 5500)**

Department of the Treasury
Internal Revenue Service

**Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits**

Under Section 6057(a) of the Internal Revenue Code
File as an attachment to Form 5500, 5500-C, 5500-K or 5500-R.

1980

This Form is NOT
Open to Public
Inspection

For the calendar year 1980 or fiscal plan year beginning

, 1980 and ending

, 19

► This form must be filed for each plan year in which one or more participants with deferred vested benefit rights separated from the service covered by the plan. See instructions on when to report a separated employee.

1 (a) Name of sponsor (employer if for a single employer plan)

Address (number and street)

City or town, State and ZIP code

1 (b) Sponsor's employer identification number

1 (c) Is this a plan
to which more
than one em-
ployer contrib-
utes? ☐ Yes ☐ No

2 (a) Name of plan administrator (if other than sponsor)

Address (number and street)

City or town, State and ZIP code

2 (b) Administrator's employer identification no

3 (a) Name of plan

3 (b) Plan
number ►

4 Have you notified each separated participant of his/her deferred benefit? ☐ Yes ☐ No

5 Separated participants with deferred vested benefits (if additional space is required see instruction, What to File):

(a) Social Security Number	(b) Name of participant	Nature and form of benefit code		Amount of vested benefit			(h) Plan year in which participant separated
		(c) Type of annuity	(d) Payment fre- quency	(e) Defined benefit plan—periodic payment	(f) Units or shares	(g) Total value of account	

The Following Information is Optional (See Specific Instruction 6)

6 Separated participants with deferred vested benefits who were previously reported on Schedule SSA (Form 5500) and who have received part or all of their vested benefits or who have forfeited their benefits during the plan year for which this form is being filed:

(a) Social Security Number	(b) Name of participant	Nature and form of benefit code		Amount of vested benefit			(h) Plan year in which participant separated
		(c) Type of annuity	(d) Payment fre- quency	(e) Defined benefit plan—periodic payment	(f) Units or shares	(g) Total value of account	

Under penalties of perjury, I declare that I have examined this report and to the best of my knowledge and belief, it is true, correct and complete.

Date

Signature of plan administrator

Exhibit 14 (Reverse Side)

General Instructions

Note: Please type or print all information and submit original copy only.

Who Must File.—The plan administrator must file this form for any plan year for which a separated plan participant is reported under "When to Report a Separated Participant" below.

Exception.—Government plans and church plans (not electing coverage under 410(d) of the code) are not required to file Schedule SSA (Form 5500).

When May File.—Voluntary reports may be filed with respect to the deferred vested benefit rights of any participant separated from the service covered by the plan during any plan year beginning before 1976.

What to File.—File this schedule and complete all items. If you need more space, use additional copies of Schedule SSA, completing only items 1, 3, 5, and 6 of the additional copies.

A machine-generated computer listing showing the information required in item 5 and 6 may be submitted in lieu of completing items 5 and 6 on the schedule. In such case, complete items 1 through 4 on Schedule SSA and enter in items 5 and 6 a statement that a list is attached. On each page of the computer list, enter the name of the sponsor, the EIN, the plan name and the plan number. The list must be in the same format as items 5 and 6.

When to File.—File as an attachment to Form 5500, 5500-C, 5500-K or 5500-R.

When to Report a Separated Participant.—

In general, in the case of a plan to which only one employer contributes, a participant must be reported on Schedule SSA if:

- (1) the participant separates from service covered by the plan in a plan year beginning after December 31, 1975; and
- (2) the participant is entitled to a deferred vested benefit under the plan.

The separated participant must be reported no later than on the Schedule SSA filed for the plan year following the plan year in which separation occurred. The participant may be reported earlier (i.e., on the Schedule SSA filed for the plan year in which separation occurred).

However, a participant is not required to be reported on Schedule SSA if before the date the Schedule SSA is required to be filed (including any extension of time for filing) the participant:

- (1) is paid some or all of the deferred vested retirement benefit,
- (2) returns to service covered by the plan, or
- (3) forfeits all of the deferred vested retirement benefit.

In general, in the case of a plan to which more than one employer contributes, a participant must be reported on Schedule SSA if:

- (1) the participant incurs two successive one-year breaks in service (as defined in the plan for vesting purposes) in service computation periods beginning after December 31, 1974; and
- (2) the participant is (or may be) entitled to a deferred vested benefit under the plan.

The participant must be reported on Schedule SSA if the participant is reported on the Schedule SSA filed for the plan year in which the participant completed the second of the two consecutive one-year breaks in service. The participant may be reported on the Schedule SSA filed for the plan year in which he or she separated from service or completed the first one-year break in service.

However, a participant is not required to be reported on Schedule SSA if before the date the Schedule SSA is required to be filed (including any extension of time for filing) the participant:

- (1) is paid some or all of the deferred vested retirement benefit,
- (2) accrues additional retirement benefits under the plan, or
- (3) forfeits all of the deferred vested retirement benefit.

Cessation of Payment of Benefits.—As described above in "When to Report a Separated Participant," a participant is not required to be reported on Schedule SSA if before the date the Schedule SSA is required to be filed, some of the deferred vested benefit to which the participant is entitled is paid to the participant. If payment of the deferred vested benefit ceases before all of the benefit is paid to the participant, the benefit to which the participant remains entitled must be reported on the Schedule SSA filed for the plan year following the last plan year within which any of the benefit was paid to the participant. However, a participant is not required to be reported on Schedule SSA on account of a cessation of payment of benefits if before the date the schedule is required to be filed (including any extension of time for filing) the participant:

- (1) returns to service covered by the plan,
- (2) accrues additional retirement benefits under the plan, or
- (3) forfeits the remaining benefit.

Separation of a Re-employed Employee.—The deferred vested benefit reported on the current Schedule SSA for a re-employed employee who is again separated from service must include only the benefit not previously reported in or for prior years. Generally, the benefit to be shown on the current filing will be the benefit earned during the re-employment period.

Caution: A penalty may be assessed if Schedule SSA (Form 5500) is not filed timely.

Specific Instructions

4. A "Yes" check means that you have complied with the requirements of section 6057(e) of the Internal Revenue Code. The notification to each participant must include the information set forth on this schedule and the information with respect to any contributions made by the participant and not withdrawn by the end of the plan year.

5(a). Please be careful to enter the exact social security number of each participant listed.

If the participant is a foreign national employed outside of the United States who does not have a social security number, enter the participant's nationality.

5(b). Enter each participant's name exactly as it appears on the participant's social security card or the employer's payroll records for purposes of reporting to the Social Security Administration.

5(c). From the following list select the code that describes the type of annuity that will be provided for the participant. The type of annuity to be entered is the type that normally accrues under the plan at the time of the participant's separation from service covered by the plan (or in the case of a plan in which more than one

employer contributes at the time the participant incurs the second consecutive one-year break in service under the plan).

- A A single sum
- B Annuity payable over fixed number of years
- C Life annuity
- D Life annuity with period certain
- E Cash refund life annuity
- F Modified cash refund life annuity
- G Joint and last survivor life annuity
- M Other

5(d). From the following list select the code that describes the benefit payment frequency during a 12-month period.

- A Lump sum
- B Annually
- C Semi-annually
- D Quarterly
- E Monthly
- M Other

5(e). In the case of a defined benefit plan, enter the amount of the periodic payment that a participant would normally be entitled to receive under 5(c), commencing at normal retirement age. However, if it is more expedient to show the amount of periodic payment the participant would be entitled to receive at early retirement date, enter such amount.

In the case of a plan to which more than one employer contributes, if the amount of the periodic payment cannot be accurately determined because the plan administrator does not maintain complete records of covered service, enter an estimated amount and add the letter "X" in column 5(c) in addition to the annuity code to indicate that it is an estimate. If, from records maintained by the plan administrator it cannot be determined whether the participant is entitled to any deferred vested benefit, but there is reason to believe he or she may be entitled, leave column 5(e) blank and enter "Y" in column 5(c) in addition to the annuity code.

5(f). In the case of a defined contribution plan, if the plan states that a participant's share of the fund will be determined on the basis of units, enter the number of units credited to the participant.

If under the plan participation is determined on the basis of shares of stock of the employer, enter the number of shares and add the letter "S" to indicate shares. A number without the "S" will be interpreted to mean units.

5(g). In case of defined contribution plans, enter the value of the participant's account at the time of separation.

6. If, after a participant has been reported on Schedule SSA, the participant:

- (1) is paid some or all of the deferred vested retirement benefit, or
- (2) forfeits all of the deferred vested retirement benefit,

the plan administrator may, at its option, request that the participant's deferred vested benefit be deleted from Social Security Administration records. Information reported in item 6 columns (a) through (g) is to be the exact information previously reported on Schedule SSA for the participant.

If this option is chosen because the participant is paid some of the deferred vested benefit, the reporting requirements described in "Cessation of Payment of Benefits" above apply if payment of the benefit ceases before all of the benefit is paid to the participant.

Signature.—This form must be signed by the plan administrator. If more than one Schedule SSA is filed for one plan, only page one should be signed.